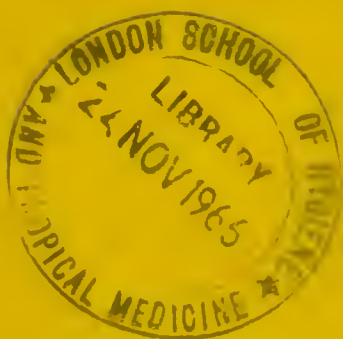




# Health and Welfare Services



CORNWALL  
**1965**



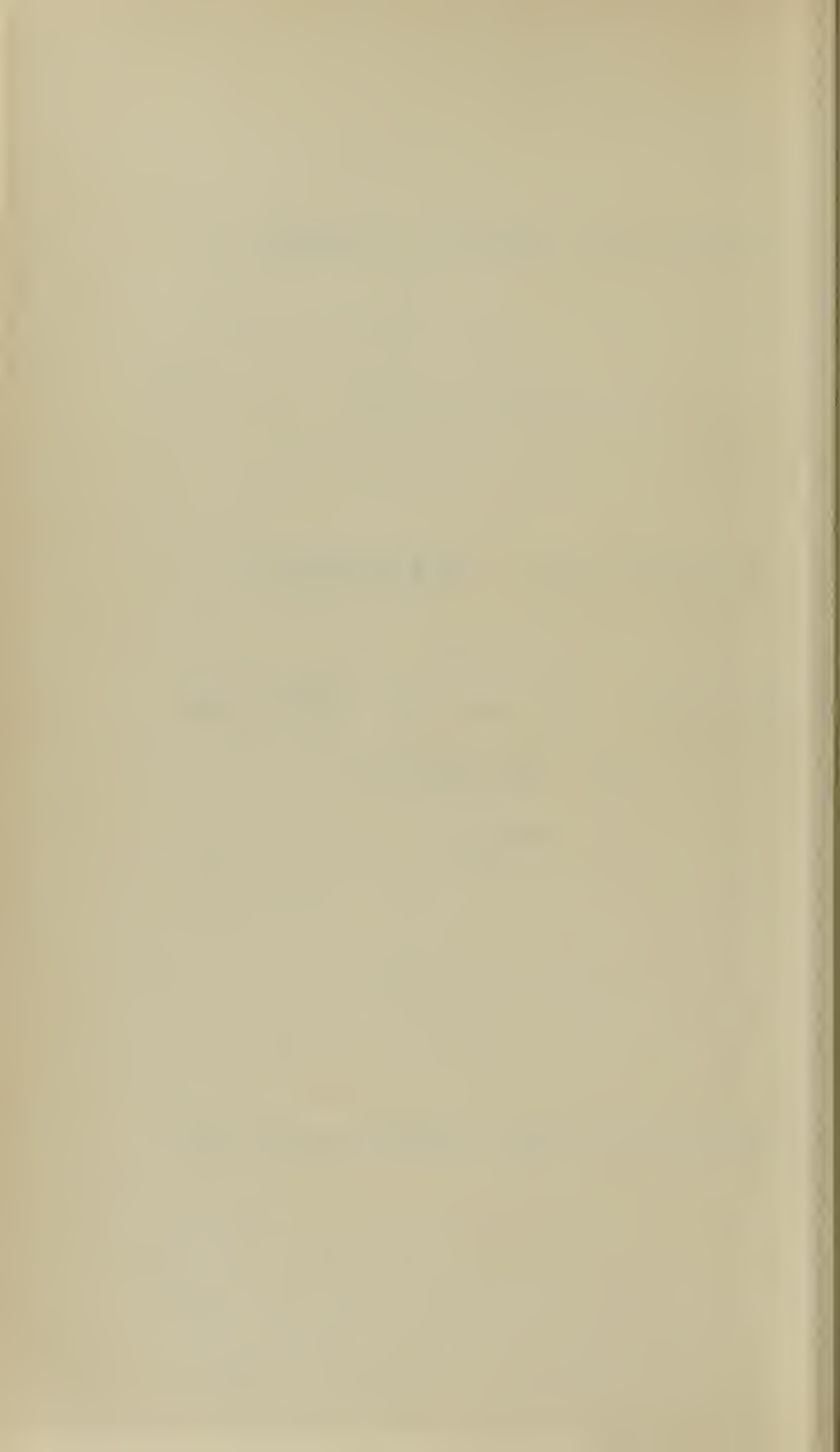
CORNWALL COUNTY COUNCIL

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ANNUAL REPORT  
OF THE  
COUNTY MEDICAL OFFICER  
OF HEALTH  
1965

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H. BINYSH, M.D., B.S., D.P.H., D.T.M.&H., Barrister at Law



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**HEALTH COMMITTEE**

(as constituted at 31st December, 1965)

**Chairman:**

W. E. MILLER, M.B.E.

**Vice-Chairman:**

W. J. T. PETERS

**Members:**

H. L. BANBURY	H. W. HICKS
Major S. E. BOLITHO, M.C.	D. B. E. HOCKING
S. J. L. CHUBB	H. A. JANE
Dr. D. G. W. CLYNE	E. G. LILLEY
Mrs. K. DALE	J. C. PENBERTHY
T. B. EDDY	D. L. C. ROBERTS
A. G. F. FARQUHAR, O.B.E.	R. F. SMITH
F. G. FORD	J. M. TAMBLYN
Mrs. L. GARSTIN	Mrs. E. V. TOWNSEND
W. F. GLUYAS	Mrs. D. E. TREFFRY
F. L. HARRIS, O.B.E.	Mrs. M. F. WILLIAMS, O.B.E.
J. H. HAWKEN	P. M. WILLIAMS, O.B.E.
	Mrs. D. M. WILLS

**Representatives of Area Sub-Committees:**

Area I	J. G. CORIN	Area IV	H. A. HAWKEN
Area II	W. HART	Area V	T. G. BRAMLEY
Area III	A. G. ROBERTS	Area VI	Mrs. J. B. WHITEHOUSE
	Area VII	Mrs. M. E. S. COUCH	

**Co-opted Members:**

Dr. D. HOOKER	... British Red Cross Society
Dr. W. L. STEWART	... St. John Ambulance Brigade
Dr. E. TOWNSEND	... Local Medical Committee

**Ex Officio:**

The Chairman of the County Council.  
The Vice-Chairman of the County Council.  
The Chairman of the Finance Committee.



The work of the Health Committee is largely done through the following Sub-Committees:—

Ambulance Sub-Committee  
Finance and General Sub-Committee  
Maternity and Child Welfare Sub-Committee  
Mental Health Sub-Committee  
Welfare Homes Sub-Committee  
Welfare General Sub-Committee  
and  
7 Health Area Sub-Committees



To the Chairman and Members of the Cornwall County Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the health of the County of Cornwall in 1965.

One memorable event during the year was the retirement of Dr. V. E. Whitman from the post of Medical Officer of Health and Assistant County Medical Officer for the Truro area. Dr. Whitman had occupied this post since October 1948 and had done much to ensure efficient health services in the area; everyone who knew him will wish him a long and happy retirement.

The position was filled in 1966 by Dr. C. W. J. Hingston but there was an interim period of several months before Dr. Hingston was able to take up his post. During this time Dr. T. D. Lewis, the Deputy County Medical Officer of Health, undertook the combined duties. This arrangement was not one which would have been feasible for more than a temporary period but had a useful aspect in that it improved the liaison between County and District Council services. Certainly the officers of the County now have a better understanding of the day to day problems of the District Medical Officers.

Under the present arrangements it is essential that there should be the closest liaison between the local Medical Officer of Health and the County Health Department since so many health problems are shared, for example, aspects of control of infectious disease and health education. The health functions of Local Sanitary Authorities including housing, water supplies and sewerage have wide implications and health problems of families are often multiple. Cornwall has met this problem by the appointment of the local Medical Officers of Health to the staff of the County as Assistant County Medical Officers (lately re-titled Health Area Medical Officers). This arrangement has worked well, with goodwill on both sides, but nevertheless the Medical Officers are at times faced with difficulties in serving more than one master.

This situation, however, is one more example of the complications resulting from the existing structure of local government and is almost certainly one problem which will be considered by the recently constituted Royal Commission on Local Government.

While this is an important problem it is only one aspect of the present difficulties inherent in the administration of the Health Services by three separate administrative bodies.

The National Health Service came into operation on 5th July 1948 and in the 18 years since that date there have been a variety of reports and criticisms of its operations—but the suggestion which has

recently returned to the fore has been the suggestion made by the Committee headed by Sir Arthur Porritt for the formation of Area Health Boards. This idea has never been implemented, but the resurgence of interest in the proposal for one local Board to administer all aspects of Health Services has been due to present dissatisfaction with the existing system. Cornwall has an enviable record in the extent of co-operation which exists between the three branches of the National Health Service, but nevertheless the time is surely ripe for a reappraisal of a system which requires so much goodwill to render it workable. The time may now be opportune for a second Royal Commission to reconsider the structure of the National Health Services, while there is so much evidence of increasing disenchantment among General Practitioners and mounting difficulties in the Hospital Service.

Between the census years of 1951 and 1961 the population of the County fell by over 3,000, but in the years since there has been a steady increase so that the estimate of population for 1965 shows a figure over 13,000 in excess of that recorded four years previously. This is a welcome trend in that it reflects increased opportunities for employment within the County, but much of the County population growth is likely to be due to elderly persons retiring to the balmy climate of the south-west. While we welcome such immigrants, yet they undoubtedly do provide additional demands for all the County's domiciliary and ambulance services. The high proportion of the elderly has made its usual contribution to the death rate of the County which has returned to the level of 1961 and 1962. The fluctuation is unlikely, however, to be a significant one. During 1965 the number of births notified in the County rose slightly while the birth rate per 1,000 population remained almost constant. A favourable feature was a fall in the number of deaths of infants in the first year of life; the figure has fluctuated in recent years but the tendency has been in the downward direction and the Cornish experience is now rather more favourable than the national average.

Once again the records for the year show the increasing emphasis on births away from home for in the short space of four years the proportion of domiciliary births has fallen from one-half to one-third and this tendency is almost certain to continue with the increasing use of the Penzance and St. Austell Maternity Units, and the projected opening in 1968 of Phase II of the Royal Cornwall Hospital (Treliske) which is planned to provide 80 maternity beds.

Brief mention is made in the report of the clinics for the early detection of cancer in women. These clinics have been started with a great deal of enthusiastic support from women's organisations throughout the County although it has proved difficult for the Hospital Pathological Services to examine as many specimens as would be

desirable, because of staff shortages. Already a number of conditions have been found that have benefited from early treatment. There is little doubt that this service will prove to be a fore-runner of many other types of routine examination for adults. For many years it has been customary to undertake routine health checks of infants and school children and experimental clinics in various areas have now shown the need for similar examinations in other age groups. The elderly in particular often suffer from conditions which are susceptible to simple treatment and many Authorities are already contemplating provision of special examination facilities.

In the section of the report prepared by the County Nursing Officer mention is made of schemes of attachment of Health Visitors and District Nurses to General Practitioners. The nub of this scheme is that the County Nursing staff work with patients registered with a particular medical practice (or practices) rather than in rigidly defined geographical areas. The benefit has been the improved liaison between the doctor and nurse who are encouraged to work as a team. There is now a steady growth of this revised method in those areas where it is agreed by the General Practitioners. In many places similar informal liaison schemes have grown up spontaneously and are encouraged since they ultimately lead to improved services for the families assisted.

The Dental Service this year has happily been at virtually full establishment and has also had the benefit of employing two Dental Auxiliaries. The County Dental Officer in his section of the report has pointed out the need for more Dental Officers to meet growing needs. The present 10-year plan for provision of new clinics envisages provision of new dental surgeries as well as replacement of existing unsatisfactory premises, and some increase in staff will be needed to ensure that a full service is available at the clinics throughout the County.

The Ambulance Service has carried out this year a survey in conjunction with the Regional Hospital Board to determine the effect of holiday visitors on the ambulance and casualty services in the County. An interesting graph prepared in this connection is included on page 50 of the report. This graph illustrates the following points, namely, that each year there is a great increase for emergency ambulance transport in the summer months; that between 1957 and 1965 for the month of July the demand has doubled; that the demand still appears to be increasing each summer; and finally that whereas in 1957 the increased demand lasted from June until August, by 1965 the season extended from April until October. While this problem must be considered in the perspective that emergency patients were only some 6% of the total carried, yet nevertheless the number of vehicles and the staffing of the service must be adequate to deal with this summer



peak. Unhappily the number of road accidents continues to increase and there is a sad total of 50 motor vehicle accident deaths recorded for 1965. This figure of accidents is unlikely to improve in the absence of radical changes in the motoring situation—driving manners, vehicles and roads. There is no doubt, however, that much injury could be avoided by universal fitting and wearing of motor seat belts and all ambulance vehicles have been fitted with these items as an example to the public. The belts are used conscientiously by the ambulance drivers even for the shortest of journeys.

A noteworthy first this year has been the drop in the notification of new cases of tuberculosis to below the three-figure level. The number fell from 114 in 1964 to 89 in 1965 and is indeed cause for rejoicing since as recently as 1959 there were over 200 new cases notified each year. This is also reflected in the number of deaths from tuberculosis which have also halved in the same period.

The work of the Mass Radiography Unit was modified this year by arranging for regular fortnightly visits to selected points in the County. The Unit previously had placed more emphasis on occasional mass surveys but it has been found more valuable to concentrate on special groups referred by General Practitioners and Clinics so as to discover patients in the early and easily treatable stage of illness.

Once again there has been an increase in the assistance being given by the Domestic Help Service, but the striking feature this year has been that while the total number assisted has remained almost constant, there has been a substantial increase in the numbers of over-65s helped, which was balanced by a fall in the number of maternity cases and other conditions in people under 65 years of age. With increasing opportunities for employment of women in the County there may well be difficulty in maintaining the staffing of this service. The County's present 10-year plan envisages an expansion of the service from the 1965 level of 147.6 Helps (whole-time equivalent) to 202 in 1975. The latest national review of plans for Local Health Authorities has, however, suggested that there is a substantial unsatisfied demand for this service and that there may well be need for revision of the figures. The report includes a table showing the provision made in the 7 Health Areas from which can be seen the substantially greater extent of this service in the western part of the County.

For the Mental Health Services the year has been one of consolidation. The Training Centres and Hostels have all run smoothly and the report contains an interesting item listing the variety of work which has been found for the adult trainees. Visitors to the Training Centres are invariably impressed by the skills which are developed. Undoubtedly the Training Centres and Hostels have now come to

provide an invaluable service not only for the happiness of those involved but also by providing useful work for many who might otherwise have spent much of their life in institutions. The waiting list for places in Hospitals for the mentally retarded grew substantially during the year, and it is hoped that it will be possible for the Regional Hospital Board to implement in the reasonably near future the suggested development of new Units in the County.

One of the principal features of 1965 was the building of three new Homes for the Elderly at St. Austell, Wadebridge and Bodmin, although the two latter Homes were not opened until early in 1966. These Homes were largely provided as replacements for the accommodation at Sedgemoor Priory. While every effort was made to provide comfortable and happy conditions at the Priory—and with a good deal of success—yet there were inevitable difficulties due to the age, structure and layout of the building. The County had previously built two Homes for special groups—The Green, Redruth, and Blackwood House, Camborne—but the three new Homes were the first purpose-designed and built in the County for the elderly in general. The Homes have proved to be a great success, not least in the increased happiness, alertness and interest in living shown by the old people. At the time of writing one additional Home is under construction and two other schemes are shortly to commence. However, in spite of all efforts the waiting list continues to grow. One happy feature is the continued substantial growth of schemes of special housing for the elderly by District Councils. The County Council agreed during the year to extend the scheme of grants for welfare facilities to include certain handicapped persons under the age of 65 who required supervision by a warden while in their own homes.

The Family Welfare Service this year has unhappily lost the supervisory services of Mrs. B. J. Banham who did so much to set up this scheme. However, it has proved possible for Mrs. Banham to continue the training of these workers. With the growth of the Family Welfare Service it became necessary to provide a full-time Senior Worker and this appointment has been enthusiastically filled by Miss E. J. Jennings who transferred from another branch of the Health Department. The help given by the Family Welfare Workers is of the greatest value for families who find it difficult to cope with their multiple problems. 112 families were being assisted at the end of the year and it is likely that without such a service there would have been substantial risk of family break-up with the prospect of many of the 438 children concerned coming into the care of the County Council. One can only admire the zeal of these ladies and their ability to work under the most difficult conditions with zest and good humour, and acknowledge the great debt due to Mrs. Banham in laying such sure foundations for this service.

This year has seen the introduction of a new category of milk—ultra heat treated—for which two licences have been issued to processors. This class of milk should be a considerable convenience because of its long storage life to those who are unable to obtain regular supplies of other categories of processed milk. Ultra heat treated milk may prove of indirect public health benefit if it serves to replace untreated milk which remains a source of disquiet. The report shows that one in five of the samples taken of untreated milk failed to pass the test for keeping quality. Although this type of milk accounts for only 10% of milk sales in the County it remains a potential source of infection in view of the results of the survey carried out this year which showed that 10% of the herds tested were passing into the milk from time to time the germs that cause undulant fever. Undulant fever is a rarely notified condition in humans but one which can give rise to unpleasant reactions. Discussions are continuing regarding the possibility of eradicating the disease in cattle, but in the meantime the simplest protection for the public is to consume only heat treated milk.

Another event of significance was the Order made by the Ministry of Housing and Local Government on 1st December 1965 for the formation of a new North and Mid Cornwall Water Board as from 1st April 1966. This is part of the wider reorganisation of Water Undertakings in the County which is expected eventually to result in four major Water Boards. Such a reorganisation should help to ensure the most effective utilisation of the water resources of the County.

Once again, it is my pleasure to record with gratitude the great assistance given to the Health Department by the Chairman and Members of the Health Committee who have pursued with enthusiasm every suggestion to improve the Health Services of the County.

The report would be incomplete without my sincere tribute to the conscientious and diligent work of the staff of the Department, medical, nursing, technical and clerical. In addition I gladly acknowledge the invaluable help received from many Voluntary Bodies and from the other Chief Officers of the County Council. To all of these I express my sincere thanks.

I am,

Your obedient Servant,

H. BINYSH,

County Medical Officer.

County Hall,

Truro.

September, 1966.

# CORNWALL COUNTY COUNCIL

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## REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1965

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### PUBLIC HEALTH OFFICERS:

#### County Medical Officer of Health and Principal School Medical Officer:

H. BINYSH, M.D., B.S., D.P.H., D.T.M.&H., Barrister at Law

#### Deputy County Medical Officer and Deputy Principal School Medical Officer:

T. D. LEWIS, M.B., B.S., D.P.H.

#### Assistant County Medical Officer and Supervisor of Midwives:

NULECE EYLES, M.B., Ch.B., D.P.H.

#### Assistant County Medical Officers:

##### Area 1 (Penzance)

D. L. JOHNSON, M.R.C.S., L.R.C.P., D.P.H.

##### Area 2 (Camborne)

J. A. W. REID, M.B., Ch.B., D.P.H.

##### Area 3 (Truro)

V. E. WHITMAN, B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.  
(Left 31.10.65)

##### Area 4 (St. Austell)

J. McGOVERN, M.B., B.Ch., D.P.H.

##### Area 5 (Wadebridge)

\*J. REED, M.B., Ch.B., B.Sc., D.P.H.

##### Area 6 (Launceston)

\*W. PATERSON, M.B., Ch.B., D.P.H.

##### Area 7 (Liskeard)

P. J. FOX, M.B., B.Ch., D.P.H.

\*Also School Medical Officer.

#### Senior School Medical Officer:

G. W. WARD, M.B., Ch.B., D.P.H.



**School Medical Officers:**

MARGOT M. COOK, M.D., D.T.M. & H.  
 NANCY E. HEAD, M.B., B.Ch. (Left 30.7.65)  
 E. P. JAMES, M.R.C.S., L.R.C.P., D.R.C.O.G. (Comm. 12.7.65)  
 MAIR L. JENKINS, B.Sc., M.B., B.Ch.  
 D. M. McCARTHY, L.R.C.P. & S., L.M., D.P.M. (Left 14.3.65)  
 JEAN D. McMILLAN, B.Sc., M.B., Ch.B.  
 M. D. H. MYHILL, B.M., B.Ch., D.P.H.  
 J. S. R. R. OLD, M.B., Ch.B. (Comm. 1.4.65)  
 \*W. PATERSON, M.B., Ch.B., D.P.H.  
 \*J. REED, M.B., Ch.B., B.Sc., D.P.H.  
 D. T. M. SMITH, M.B., B.S. (Left 8.10.65)  
 P. R. WILSON, L.R.C.P. & S.

\*Also Assistant County Medical Officers.

**Chief Dental Officer:**

C. A. REYNOLDS, L.D.S.

**Dental Officers:**

Whole-time:—

W. T. ARMSTRONG, L.D.S.  
 A. G. BILLINGS, L.D.S.  
 K. J. CAWLEY, L.D.S.  
 R. A. CURRIE, L.D.S.  
 R. E. EYLES, L.D.S.  
 Mrs. M. E. GOODYEAR, L.D.S.  
 W. A. GRUNWELL, L.D.S.  
 J. E. KENNY, L.D.S.  
 J. M. WADDAMS, B.D.S.  
 D. J. WHEELER, B.D.Sc.  
 M. F. H. WILLIS, L.D.S. (Comm. 22.3.65)

Part-time:—

Mrs. L. M. ASHWORTH, L.D.S. (Comm. 25.1.65) (Left 19.3.65)  
 Mrs. S. M. SATCHWELL, B.A., L.D.S.  
 R. J. THOMAS, F.D.S. (Comm. 5.10.65)

**Dental Auxiliary:**

Miss S. E. COMBEN, G.C.D. Prof. Cert. (Comm. 13.9.65)  
 Miss B. C. GODOLPHIN, G.D.C. Proficiency Cert. (Left 23.7.65)  
 Miss J. H. LAMB, G.D.C. Proficiency Cert. (Comm. 13.9.65)

**County Public Health Officer:**

W. R. SAUNDERS, M.A.P.H.I., M.R.S.H.

**Assistant County Public Health Officer:**

A. ROWE, Cert. R.S.I.

**County Nursing Officer, Non-Medical Supervisor of Midwives, and Superintendent Health Visitor:**

Miss E. M. TEAGUE, S.R.N., S.C.M., H.V.Cert., Q.N.S.



**Senior Assistant County Nursing Officer, etc.**

Miss G. I. JESS, S.R.N., S.C.M., H.V. Cert., Q.N.S.

**Assistant County Nursing Officers:**

Miss V. M. COVENTRY, S.R.N., S.C.M., H.V. Cert., Q.N.S.

Miss E. J. JENNINGS, S.R.N., S.C.M., H.V. Cert., Q.N.S.

(Left 30.6.65)

Miss V. E. GRAHAM, S.R.N., S.C.M., H.V. Cert., Q.N.S.

(Comm. 1.11.65)

Miss M. E. SPEAR, S.R.N., S.C.M., H.V. Cert., Q.N.S.

Miss K. A. PURKISS, S.R.N., S.C.M., H.V. Cert., Q.N.S.

**County Ambulance Officer:**

W. H. MAYCOCK, O.St.J., F.I.A.O.

**Transport Officer:**

J. J. PEARCE, O.St.J.

**Civil Defence Training Officer:**

F. POLKINGHORNE, O.St.J.

**County Welfare Officer:**

F. R. MOUNTFORD, D.P.A., A.C.I.S., Barrister at Law.

**Assistant County Welfare Officer:**

W. C. ODGERS

**Senior Family Welfare Worker:**

Miss E. J. JENNINGS, S.R.N., S.C.M., H.V. Cert., Q.N.S.

(from 1.7.65)

**County Mental Health Officer:**

F. E. PASCOE, R.O.'s. Cert.

**Assistant County Mental Health Officer:**

T. C. W. STANTON, Dip. Sociology

**Senior Educational Psychologist:**

P. F. PORTWOOD, B.Sc., Dip. Psych., A.B.Ps.S.

**Educational Psychologists:**

A. W. BOLGER, M.A. (Comm. 12.7.65)

J. J. GROVER, B.A., Dip. Ed.

D. LAWRENCE, B.A., A.B.Ps.S.

F. L. WYATT, B.Sc

**Child Guidance Social Worker:**

Mrs. S. DAVIDSON (Comm. 4.10.65)

Miss M. DEACON, Dip. Social Admin., Dip. Applied Social Studies

Miss M. J. HOSKING

**Organiser of Training of the Mentally Handicapped:**

Mrs. R. M. BLAKE, N.F.U., Diploma N.A.M.H.

**County Home Help Organiser:**

Miss D. J. BLIGHT, Dip. Institute of Home Help Organisers

**Assistant County Home Help Organiser:**

Mrs. J. STEPHENS, Dip. Institute of Home Help Organisers

(Left 31.5.65)

**PART-TIME OFFICERS:**

**Chief Inspector under Food and Drugs Acts:**

K. R. C. MARTIN, F.I.W.M.A. (also Chief Inspector of Weights & Measures)

**Public Analyst:**

ERIC VOELCKER, A.R.C.S., F.R.I.C.

Analytical Laboratory, Stuart House, 1, Tudor Street,  
London, E.C.4.

**Chest Physicians:** (provided by the Regional Hospital Board)

B. A. G. JENKINS, M.D., M.R.C.P.

R. L. RAY, M.B., B.S.

J. C. MELLOR, M.B., Ch.B.

**Advisers on Mental Health:**

J. F. DONOVAN, M.R.C.S., L.R.C.P., D.P.M.

(Consultant Psychiatrist)

J. E. DESSART, M.B., B.S., D.P.M. (Consultant Psychiatrist Child Guidance)

Regional Hospital Board Staff.

## STATISTICS AND SOCIAL CONDITIONS

Area of the County ...	...	...	...	964,215 acres
Population 1965 (R.G.'s mid-year estimate)	...			347,150
Population 1961 Census	...	...	...	340,013
Population 1951 Census	...	...	...	343,248
Censal Decrease	...	...	...	3,235
Percentage Decrease	...	...	...	0.99
Number of private dwellings (1961 Census)	...			116,819
Rateable Value	...	...	...	£10,516,348
Sum represented by 1d. rate	...	...	...	£42,360

The Registrar-General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1961-65 is shown in the following table:—

	1961	1962	1963	1964	1965
Urban Districts ..	188,300	190,790	192,390	195,130	197,250
Rural Districts ...	145,400	148,320	148,720	149,750	149,900
Administrative County ...	333,700	339,110	341,110	344,880	347,150
Increase or decrease over previous year ..	-3,410	+5,410	+2,000	+3,770	+2,270

Table I at the end of the Report shows the estimated population and number of births and deaths for 1965 in each of the County Districts in the County, whilst Table II gives a summary of these statistics for the County for recent years.

## Births and Birth Rate

Live Births		Male	Female	Total
Legitimate	...	2,566	2,512	5,078
Illegitimate	...	185	152	337
Total	...	2,751	2,664	5,415

Birth rate per 1,000 of the population ... 15.6

Still Births				Male	Female	Total
Legitimate	...	...	...	55	37	92
Illegitimate	...	...	...	1	6	7
Total				56	43	99

Still birth rate per 1,000 total births ... 17.95

The Birth Rate of 15.6 compares with a rate of 15.8 in 1964. The following are the rates for recent years:—

				Cornwall	England & Wales
1956	...	...	...	14.0	15.6
1957	...	...	...	14.1	16.1
1958	...	...	...	14.4	16.4
1959	...	...	...	14.2	16.4
1960	...	...	...	14.7	17.1
1961	...	...	...	14.5	17.5
1962	...	...	...	15.3	17.9
1963	...	...	...	15.2	18.1
1964	...	...	...	15.8	18.4
1965	...	...	...	15.6	18.1

#### Deaths and Death Rate

Deaths registered in or belonging to the County during the year were as follows:—

Males	...	...	...	2,429
Females	...	...	...	2,526
Total				4,955

This gives a death rate of 14.3 compared with a rate of 13.8 in 1964. The following are the death rates for recent years:—

				Cornwall	England & Wales
1956	...	...	...	13.7	11.7
1957	...	...	...	13.3	11.5
1958	...	...	...	13.7	11.7
1959	...	...	...	13.4	11.6
1960	...	...	...	13.7	11.5
1961	...	...	...	14.3	11.9
1962	...	...	...	14.3	11.9
1963	...	...	...	15.2	12.2
1964	...	...	...	13.8	11.3
1965	...	...	...	14.3	11.5

### Infant Mortality

There were 100 infant deaths registered during the year, giving an infant mortality rate of 18.47 per 1,000 live births. This compares with a rate of 20.59 in 1964.

Chief Causes of death at all ages	1964	1965
Disease of Heart and Blood Vessels ...	2,077	2,093
Cancer ... ..	799	814
Vascular lesions of nervous system ...	727	800
Respiratory disease ... ..	396	427
Suicide and deaths from violence ...	148	140
Motor vehicle accidents ... ..	41	50
Tuberculosis ... ..	19	18

### Deaths from Heart Disease

Age Group	Urban Districts		Rural Districts		Total
	M.	F.	M.	F.	
Under 1 ...	—	—	—	—	—
1 — 5 ...	—	—	—	—	—
5 — 14 ...	—	—	—	—	—
15 — 24 ...	—	—	—	—	—
25 — 34 ...	1	—	—	—	1
35 — 44 ...	5	2	8	1	16
45 — 54 ...	34	12	29	9	84
55 — 64 ...	98	37	54	22	211
65 — 74 ...	171	136	121	74	502
75 and over ...	258	402	181	230	1,071
	<hr/> 567	<hr/> 589	<hr/> 393	<hr/> 336	<hr/> 1,885*

\* including 6 deaths in the Isles of Scilly

### Number of Deaths at Different Periods of Life

Age Group		Male	Female	Total
Under 1 ...	...	66	34	100
1 — 4 ...	...	10	7	17
5 — 14 ...	...	5	12	17
15 — 24 ...	...	31	10	41
25 — 34 ...	...	23	8	31
35 — 44 ...	...	51	33	84
45 — 54 ...	...	144	99	243
55 — 64 ...	...	389	272	661
65 — 74 ...	...	746	579	1,325
75 and over ...	...	976	1,477	2,453
		<hr/> 2,441	<hr/> 2,531	<hr/> 4,972*

\* including 17 deaths in the Isles of Scilly

# NATIONAL HEALTH SERVICE ACTS, 1946—57.

## ADMINISTRATION

The administrative structure described in some detail in earlier Annual Reports has continued to function smoothly.

The areas into which the County has been divided are as follows:—

Area No.	Area Office Address	County Districts	Area in Acres	Estimated Population
1	Bellair, Alverton, Penzance.	Penzance M.B.	3,155	18,940
		St. Ives M.B.	4,287	8,770
		St. Just U.D.	7,634	3,570
		West Penwith R.D.	59,792	17,370
			<hr/> 74,868 <hr/>	<hr/> 48,650 <hr/>
2	Rectory Road, Camborne.	Helston M.B.	4,014	8,200...
		Camborne-Redruth U.D.	22,062	37,000
		Kerrier R.D.	90,839	22,360
			<hr/> 116,915 <hr/>	<hr/> 67,560 <hr/>
3	The Leats, Truro.	Falmouth M.B.	1,880	17,400
		Penryn M.B.	829	4,910
		Truro City	2,634	14,290
		Truro R.D.	108,316	28,100
			<hr/> 113,659 <hr/>	<hr/> 64,700 <hr/>
4	Moorland Road, St. Austell.	Fowey M.B.	2,979	2,300
		Lostwithiel M.B.	3,156	1,910
		Newquay U.D.	4,599	11,810
		St. Austell U.D.	18,379	25,760
		St. Austell R.D.	82,389	21,780
			<hr/> 111,502 <hr/>	<hr/> 63,560 <hr/>
5	Brooklyn, Wadebridge.	Bodmin M.B.	3,312	6,920
		Padstow U.D.	3,343	2,590
		Wadebridge R.D.	88,230	14,710
			<hr/> 94,885 <hr/>	<hr/> 24,220 <hr/>



No. Area	Address Area Office	County Districts	Area in Acres	Estimated Population
6	Launceston	Launceston M.B.	2,180	4,570
		Bude-Stratton U.D.	4,296	5,160
		Camelford R.D.	52,544	6,920
		Launceston R.D.	73,042	5,960
		Stratton R.D.	56,220	4,780
			<hr/> 188,282 <hr/>	<hr/> 27,390 <hr/>
7	Westbourne, Liskeard.	Liskeard M.B.	2,704	4,600
		Saltash M.B.	5,386	8,020
		Looe U.D.	1,691	3,990
		Torpoint U.D.	988	6,540
		St. Germans R.D.	48,533	14,480
		Liskeard R.D.	104,803	13,440
			<hr/> 164,105 <hr/>	<hr/> 51,070 <hr/>

### CARE OF MOTHERS AND YOUNG CHILDREN

The County Council provides for the care of mothers and young children under the provisions of Section 22 of the National Health Service Act, 1946.

In this section of the Report the numbers and rates refer to occurrences during the year and in some instances are slightly at variance with those quoted earlier which refer to events registered during the year. The figures quoted in brackets refer to occurrences during 1964 so that valid comparisons may be made.

#### Ante-natal Care

As in previous years, ante-natal clinics for the care of expectant mothers are held by the Regional Hospital Board in the larger urban areas, these clinics being staffed by hospital consultants. In addition ante-natal clinic sessions are held by the midwives in conjunction with G.P. obstetricians. 238 women attended 240 clinic sessions. Some ante-natal care is carried out by the domiciliary midwives for their own patients in Local Authority premises or in some instances at the surgery of the local G.P. at his request. These clinics are mainly educational, with instruction in mothercraft, relaxation, physiology, preparation for labour etc. and is given to small groups. It is found that the mothers gain great benefit from these meetings and come to look upon them not only as educational sessions, but as a social outing. The number of classes obviously varies from time to time in any one area, being dependant on the demand. During the year, 1,218

women made 5,868 attendances. Ante-natal mothers also attend mothers clubs together with mothers of infants and toddlers.

### Maternity Accommodation

Maternity beds are provided by the Regional Hospital Board to all women who need beds for medical reasons and the mothers are referred by their own doctors direct to consultant obstetricians, but a patient whose home is considered unsuitable on social grounds for domiciliary confinement may be referred through the County Medical Officer for delivery at a maternity home.

The following table shows the number of expectant mothers recommended for beds on social grounds by the department during the year and as compared with 1964:—

		1965	1964
Old Tree Maternity Home	...	237	213
Trebarra Maternity Home	...	150	141
Tavistock Maternity Home	...	64	81
Devonport Maternity Home	...	56	45
Alexandra Maternity Home	...	13	11
		520	491

The proportion of hospital confinements is shown in the following table:—

Year	Total No. of births notified	Percentage of total births occurring in:—		
		Patient's Home	Hospital and Maternity Homes	Nursing Homes
1941	5290	65.2	19.1	15.7
1951	4979	58.3	34.8	6.9
1961	4940	49.85	48.17	1.98
1962	5333	49.68	48.63	1.69
1963	5276	44.5	53.2	2.3
1964	5545	40.6	58.3	1.1
1965	5378	33.9	66.1	—

### Maternity Outfits

Sterilised Maternity Outfits are available for all domiciliary confinements without charge and are distributed by midwives to their patients.



### Care of Unmarried Mothers

Since the start of the financial year a per capita system of assessment and financial assistance to unsupported mothers has been implemented and supervision of these cases continued to be delegated to the Cornwall Social and Moral Welfare Association.

Illegitimacy rates for England and Wales rose from 4.5% of live births in 1955 to 7.2% in 1964 and for 1965 is 7.7%. In Cornwall the number of illegitimate births rose to 338 (320 in 1964). The greatest increase of illegitimacy has occurred in the younger age group of girls and it is conceivable that with the raising of the statutory school leaving age to 16 years the problem of formal education for these young, unmarried mothers will have to be seriously considered as to whether this provision be made on an individual basis, or on a group basis for example in a mother and baby home. Proposals and plans for a new 12 bedded Mother and Baby Home sited at St. Austell were under consideration in the latter part of the year. This Home will be under the direct administration of the Health Department.

### Puerperal Pyrexia

There were 33 notifications, 31 in hospital and 2 in domiciliary practice.

### Ophthalmia Neonatorum

The three cases notified during the year all recovered without impairment of vision.

### Maternal Mortality

There were three deaths assigned by the Registrar General as being due to childbirth, giving a maternal mortality rate of 0.54 per 1,000 total births.

The following table shows the rates for recent years:—

Year	Total Maternal Deaths	Maternity Mortality Rates		
		Cornwall	England & Wales	
		Annual	Quinquennial	Annual
1956	...	8	1.65	0.52
1957	...	2	0.41	0.45
1958	...	4	0.81	0.43
1959	...	4	0.81	0.38
1960	...	3	0.6	0.39
1961	...	5	1.01	0.33
1962	...	1	0.19	0.35
1963	...	1	0.19	0.28
1964	...	2	0.36	0.25
1965	...	3	0.54	

### Toxaemia of Pregnancy

Toxaemia is still the cause of many still-births and much infant morbidity. Complete rest in bed is still maintained to be one of the main factors in the management of patients at certain stages of this condition and the provision of free home help services has proved to be of great assistance in many cases. 8 cases were served during the year.

### Infant Mortality and Stillbirths

In 1965 99 babies died during their first year, compared with 115 in 1964. This gives an infant mortality rate of 18.5 (21.3 per 1,000 live births).

Infant Mortality Rates				
		Cornwall		England & Wales
Year		Annual	Quinquennial	Annual
1898	...	156.2		160
1900	...	126.3		154
1910	...	85.5		105
1920	...	59.5		80
1930	...	51.3		60
1940	...	48.3		55
1950	...	29.2		30
1951	...	33.0		29.6
1952	...	30.6		27.6
1953	...	27.0		26.8
1954	...	20.8		25.5
1955	...	26.7		24.9
1956	...	23.2		23.8
1957	...	24.8	} 20.5	23.0
1958	...	19.3		22.2
1959	...	16.9		22.0
1960	...	18.2	} 20.07	22.0
1961	...	21.6		21.0
1962	...	20.4		21.6
1963	...	18.6		20.9
1964	...	21.3		20.0
1965	...	18.5		19.0

Investigations were made into all these infant deaths. The causes were as follows:—

Neo-natal Deaths (under 4 weeks)			
	Premature	Full Term	Total
Difficult Labour and Birth Injury ...	4	6	10
Gross Prematurity ...	18	—	18
Congenital Abnormalities inconsistent with life ...	5	12	17
Respiratory distress syndrome of the new-born ...	4	1	5
Associated with pre-eclamptic Toxaemia and Antepartum Haemorrhage ...	2	—	2
Occlusive pressure on cord ...	1	—	1
Rhesus Incompatibility ...	—	3	3
Atelectasis and other Respiratory conditions ...	7	5	12
Infection ...	1	1	2
*Other causes ...	—	3	3
Total ...	42	31	73

\* Other Causes: Inhalation Pneumonia  
Meconium Peritonitis with ruptured Ileum  
Suffocation in carry-cot

26 infants died after the age of 1 month, but before 1 year. 31 in 1964 and 33 in 1963.

Infant Deaths (over 4 weeks)			
	Premature	Full Term	Total
Congenital Abnormalities ...	2	6	8
Infection :			
Respiratory ...	—	8	8
Gastro-intestinal ...	—	1	1
Other ...	—	1	1
Accidental Death by Misadventure ...	—	4	4
Other Causes ...	—	4	4
Total ...	2	24	26

Three of the Accidental Deaths were due to suffocation after inhalation of vomit and the fourth was strangulation due to the child falling out of the pram and being suspended by the safety harness.

**Deaths of Children (1—4 years)**

There were 17 deaths in this group. The causes were:—

Meningococcal infections	...	2
Other malignant and lymphatic neoplasms	...	2
Leukaemia, aleukaemia	...	1
Pneumonia	...	1
Bronchitis	...	1
Congenital malformations	...	1
Other defined and ill-defined diseases	...	3
Motor vehicle accidents	...	1
All other accidents	...	3
Measles	...	1
Vascular lesions of nervous system	...	1
Total	...	17

**Stillbirths**

There were 99 stillbirths in 1965 (113 in 1964), giving a rate of 17.95 (20.4 in 1964).

The following table shows the rates for the past 10 years:—

Year	Stillbirth Rates			
	Number of Stillbirths	Cornwall Annual	England & Wales Quinquennial	England & Wales Annual
1956	... 132	27.6	25.31	23.0
1957	... 148	30.1		22.4
1958	... 129	26.1		21.6
1959	... 127	25.8		20.8
1960	... 98	16.95		19.7
1961	... 120	25.13	21.83	19.0
1962	... 125	23.5		18.1
1963	... 117	22.2		17.2
1964	... 113	20.4		16.3
1965	... 99	17.95		15.8

**Perinatal Mortality**

The number of babies dying during the first month of life was 73 and of these 63 died in the first week.

These early neo-natal deaths (i.e. deaths in the first week of life) are linked with stillbirths to give the perinatal mortality rate. 63 (71) died in the first week of life, together with 99 stillbirths, making a total of 161 (184).



5 sets of twins accounted for 10 of the first week deaths and 3 sets of twins accounted for 6 of the stillbirths.

During the year special confidential investigations on all stillbirths and early neo-natal deaths immediately after the occurrence continued to be carried out by the Deputy County Medical Officer and Senior Medical Officer for Maternity and Child Welfare with the help of the Consultant Obstetricians, and General Practitioners and midwives concerned. Case summaries of these reports were considered in detail at the regular meetings of the special committee referred to earlier in the report. It is hoped by this means that it may be possible to trace preventable factors and so eventually to lower the perinatal mortality rate throughout the county.

### **Local Maternity Liaison Committees**

One Liaison Committee is based on the Plymouth clinical area and meetings are regularly held at Plymouth. The other Committee is based on the West Cornwall clinical area with meetings at Truro. The constitution of these Committees is professional and places on a formal level the previous informal arrangements for liaison in the maternity services in the County. Formation of these Committees was a recommendation of the Cranbrook Committee and it is felt that it is only through frank discussion and fullest co-operation between hospital personnel, G.P.'s and health authority's personnel that the best use of all local maternity services can be obtained. Ad hoc Committees between officers of the Health Department, the Hospital Service and the general practitioners have also met in order to discuss and try to implement planned early discharge schemes in both clinical areas as envisaged in the Ministry of Health circulars. It has been noted however, that with the opening of the Bolitho and St. Austell Maternity Units there has been a reduced pressure on beds and so lessened the need for planned early discharges in the West Cornwall clinical area, although undoubtedly an implementation of such a scheme would release beds for more comprehensive ante-natal care. Early discharge has in fact been carried out in the Plymouth area during 1965 and it is hoped that the planned early discharge scheme will soon be in operation.

Other ad hoc Committees have now to discuss the recommendations made by the Committee appointed in 1964 by the Regional Hospital Board to survey Maternity Services in Cornwall.

### **Premature Babies**

The two portable incubators were used 11 times during the year, the one based at Liskeard 4 times and the one based in Truro 7 times.



Weight at birth	Premature live births														Premature stillbirths	
	Born in hospital			Born at home or in a nursing home					Transferred to hospital on or before 28th day							
	Died			Died			Died			Total births			Total births			
	within 24 hours of birth	in 7 days and under	in 7 and under 28 days	within 24 hours of birth	in 7 days and under	in 7 and under 28 days	within 24 hours of birth	in 7 days and under	in 7 and under 28 days	within 24 hours of birth	in 7 days and under	in 7 and under 28 days	in hospital	at home or in a nursing home		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)		
1 2 lb. 3 oz. or less	11	8	3	—	2	1	—	—	1	—	1	—	12	1		
2 Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	23	11	4	—	—	—	—	—	—	—	—	—	10	—		
3 Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	39	6	1	—	3	—	—	—	4	1	—	—	12	—		
4 Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	67	1	2	—	14	—	—	—	1	—	1	—	5	1		
5 Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	114	1	—	—	37	—	—	—	—	—	—	—	6	—		
6 Total	254	27	10	—	56	1	—	—	6	1	2	—	45	2		

### Child Welfare Centres and Child Health

According to national statistics three out of four children are seen per annum by the family doctor and something in the region of 40% of children born each year attend Infant Welfare Centres.

There has also been a more enthusiastic attitude to the formation of various mothers' clubs and more information on child care is being sought by the young modern parent. Several of the Mothers' Clubs have been active in the formation of playgroups. The Mothers' Clubs are also enthusiastically encouraged to take part in child care courses and one particular group are steadily plodding their way through the basic child care curriculum as set out by the National Association for Maternity and Child Welfare. A great deal of discussion on intimate and personal experiences occurs at club meetings which assists resolution of some personal problems.

Although there has been undoubted improvement in the care of children over the past few years this leaves no room for complacency either with regard to hospital planning for children or to the proportion of hospital resources devoted to child health. There are many countries in which paediatrics occupies a more prominent place in medical affairs than it does in Britain. For too long specialist services for children has been allowed to remain a by-product of adult medicine.

It is essential that within a children's hospital all who have specialised knowledge in childhood medicine should work together. All special equipment and technology required to deal with childhood disease should be concentrated, as well as provision made for specialised nursing care. The understanding of children must be coupled with the understanding of the parents' problems also. Epidemiology of childhood disease must be studied in the context of physical and social environment. Research into the preventive aspects of childhood disease and early assessment of childhood handicaps must be pursued with all enthusiasm and there must be concentrated effort on the part of the Public Health Medical Officer, the general practitioner, and the paediatrician if we are to see an improvement in the care of children. It is still only too frequent a picture to find a severely handicapped child being cared for by a mother who sacrifices herself to bear the burden for the family unit. At a later stage when such a child becomes beyond the resources of the parent there are still not a sufficient number of day care or hospital places for these severely handicapped children. We must not fail to fulfil our obligations to the children and must endeavour to fulfil the declarations of the rights of the child, commonly known as the Declaration of Geneva. The Declaration reads as follows, "Men and women of all nations recognising that mankind owes to the child the best that it has to give, declare and accept that the child must be protected beyond and above all considerations of race, nationality or creed.



The child must be cared for with due respect for the family as an entity.

The child must be given the means requisite for its normal development, materially, morally and spiritually.

The child that is hungry must be fed; the child that is sick must be nursed; the child that is physically or mentally handicapped must be helped; the mal-adjusted child must be re-educated; the orphan and the waif must be sheltered and succoured.

The child must be the first to receive relief in time of distress.

The child must enjoy the full benefits provided by social welfare and social security schemes; the child must receive a training which will enable it, at the right time, to earn a livelihood, and must be protected against every form of exploitation.

The child must be brought up in the consciousness that its talents must be devoted to the service of its fellowmen."

During 1965 it was realised that the future pattern of work of the Assistant Medical Officers in clinics was beginning to revolve around Developmental Paediatrics and to assist the maturation of each child to his or her fullest capacity. This was reinforced by the introduction of the new clinic record cards for examination of children from age 0—4 years. These cards were designed as a practical approach to the modern concept of developmental paediatrics. The use of medical manpower in Infant Welfare Centres needs to be critically reappraised and Assistant Medical Officers should adjust to future use of their capabilities in the assessment of early deviational developmental patterns. The purely routine exercise of immunological procedures by Medical Officers should no longer be expected at Infant Welfare sessions. Nursing staff under general supervisory scrutiny could quite well carry out an immunisation programme whilst the clinical medical officer could more efficiently fulfil his or her proper role of the social paediatrician. Critical appraisal of a child's development should include a full physical and psychological examination at the pre-school age level. It is conceivable that in order to carry this out most efficiently it would be ideal to bring together 6—8 toddlers into play groups, each toddler to spend an average of 1—2 hours for say 3—4 days at such a group and his or her social integration to the group be noted by trained personnel, e.g. the usual clinic medical officer and health visitor. Broad orientation on the positive aspects of physical and psychological health should be ideally accompanied by counselling of the parents as and when necessary. Experiment and evaluation on these lines should lead to clearer appraisal as to the future role of Infant Welfare Centres. There have been suggestions made for many years that the need for Welfare Centres is passing but their educational function is still important and they are a source of constructive answers to the needs of the mother and young child.

Child Welfare Centres are sited throughout the County wherever there is a demand, mainly in the larger towns. At present there are 42 centres. A total of 1,185 sessions was held during the year, 860 by Medical Officers and 325 by Health Visitors alone.

Number of children who attended Centres ...	6,604	(6,808)
Number of attendances under 1 year ...	24,171	(25,042)
Number of attendances over 1 year ...	13,572	(14,118)
Total number of attendances ...	37,747	(39,160)

### Handicapped Young Children

All those who work in the field of child health, be they medical officers, health visitors, psychologists or social caseworkers, must be receptive of fresh thinking. New field projects and ideas should be both welcomed and critically appraised. It is only with such attitudes and approach that a better preventive health service can be evolved. Co-operation between all the disciplines concerned in the care of children should be paramount and for every worker the aim should be to work for the benefit of the child.

It would have been difficult for medical officers and nursing personnel not to have been imbued with the enthusiasm of Dr. Mary Sheridan who spoke on critical appraisal and observation in handling of young handicapped children when she was the main speaker at a One-Day Course on Child Health held at County Hall in October. Her talk was followed by a practical demonstration of testing and assessing the capabilities of young children both normal and handicapped.

Towards the end of the year a survey of children on the Handicapped Register was made and the following table records the pattern found in each health area.

	Area							Total
	1.	2.	3.	4.	5.	6.	7.	
Spina Bifida, Hydrocephalus...	8	8	2	3	—	—	3	24
Other Central Nervous System								
Defects (including								
convulsions and epilepsy) ...	5	23	8	9	8	2	8	63
Heart and Great Vessels ...	11	17	14	7	1	9	13	72
Alimentary System ...	4	7	15	—	1	2	5	34
Uro-genital system ...	5	—	—	—	—	1	2	8
Limbs and other skeletal								
defects and Hypotonia ...	6	5	11	8	1	2	3	36
Mongolism ...	2	1	5	3	1	2	4	18
Mental Retardation (including								
spastics) ...	9	6	6	5	5	8	7	46

	Area							Total
	1.	2.	3.	4.	5.	6.	7.	
Blood Dyscrasias (including Rhesus incompatibility) ...	1	3	3	2	1	—	2	12
Eye and Ear ...	5	7	7	3	4	2	4	32
Metabolic diseases ...	2	2	—	2	3	4	5	18
Toxoplasmosis ...	—	1	—	—	—	—	—	1
Other malformations ...	1	2	2	1	—	—	2	8
Total ...	59	82	73	43	25	32	58	372

It was considered that developmental assessment of a highly selected group of these handicapped children should be made and this would assist in the formulation of future community service provision. It is becoming more and more apparent that the needs of the young handicapped child with adequate supportive care of the family unit concerned must be the concern of the Local Authority. Research into the preventive aspects and, early assessment of childhood handicaps must also become more concentrated.

#### ' At Risk ' Register

Babies known to be ' at risk ' through ante-natal or peri-natal factors are carefully followed up by more concentrated visiting by the health visitor concerned and referral of the child to the clinic medical officer and/or general practitioner is made when considered necessary. There are 3,612 children under 5 years of age thus known to be ' at risk ' though many of these cases will eventually develop normally and be then taken off the register.

#### Congenital Defects

A record has been kept of babies showing congenital abnormalities at birth and the table given below shows the various types of abnormalities noted.

Defects Observed	Area							Total
	1.	2.	3.	4.	5.	6.	7.	
Central Nervous System ...	2	—	5	4	2	—	2	15
Eye, Ear ...	1	4	1	—	—	—	1	7
Alimentary System ...	1	3	2	2	1	—	—	9
Heart and Great Vessels ...	1	1	3	—	—	—	2	7
Respiratory System ...	1	1	—	—	—	—	—	2
Uro-genital system ...	1	3	1	1	—	—	5	11
Limbs ...	9	8	10	6	3	2	5	43
Other Skeletal ...	—	1	—	—	—	—	—	1
Other systems ...	1	4	2	3	1	—	2	13
Other Malformations ...	1	3	1	1	—	—	—	6
Total ...	18	28	25	17	7	2	17	114
No. of children ...	16	27	24	15	7	2	17	108

### Accidents to Young Children

Reports were received on 165 young children admitted to hospital as the result of accidents:—

Head Injuries	...	...	14
Limb Injuries, fractures and severed tendons	...		53
Burns and Scalds	...	...	23
Swallowing of poisons or foreign bodies	...		50
Soft tissue injuries (including embedding of foreign bodies in soft tissues)	...		22
Others	...		3
			<hr/> 165 <hr/>

### Exfoliative Cervical Cytology

Screening clinics for the early detection of cancer in women were started in the East Clinical Area in November but due to limited laboratory facilities only two sessions were held by the end of the year. The clinics are staffed by lady doctors with specialised training and experience.

The setting up of these clinics are one more move towards positive health and prevention of disease and with improved laboratory facilities it is hoped that this screening service for the pre-symptomatic diagnosis of cervical carcinoma will be available to all women on a routine basis with repeat examinations in due course.

### Family Planning Clinics

Close liaison with the Family Planning Association continued throughout the year and the Health Committee approved the principle of financially aiding medico-social cases requiring special Family Planning devices. 158 such cases were aided during the year.

Clinics continue to be held in County Council Clinics at Penzance, Redruth, Falmouth, Truro, St. Austell, Wadebridge, Launceston and Bude.

### Nursing Homes

The following shows over the past 5 years the number of homes and beds registered at the end of each year.

Number open at end of year			Total	Beds Maternity	Other
1961	...	5	41	12	29
1962	...	6	77	12	65
1963	...	5	70	12	58
1964	...	6	168	12	156
1965	...	5	166	10	156



### Nurseries and Child Minders Regulation Act, 1948

There is a gap in organised group care of children provided by local authorities. Infant welfare clinics are first and foremost of advisory value to the mother on matters of feeding and toileting the young infant and in the handling of the young toddler, but this service is mainly used up to around the age of 2 years to provide a full and useful service of clear advice and practical help to the mother.

A daily part-time play routine under trained supervisory staff, where the child can have ample time to play indoors and out-of-doors with specific times for music, rhymes, stories and games, observance of living things, plants, flowers, animals, fish insects, manipulation of constructive materials, materials for painting, modelling and cutting out materials for experimental play, water, sand, domestic activities, and materials for developing of physical skills of climbing, balancing, jumping, digging, throwing balls, would be of much value as a preventive mental and personal health provision.

It was perhaps with an awareness of the needs both of mothers and children coupled with the sad lack of provision of nursery school and nursery school places that in 1961 the first pre-school play groups were formed in the London area. The progress and emergence of a vast number of such private and co-operative enterprises throughout the country speak for themselves. Pre-school play groups have as their aims and ideals those of the local authority kindergartens and are purely supplementary to home training. This of course, appertains in the best run groups. These groups run mainly on a 9—12 a.m. session which is considered as a reasonable period of time for the child to be separated from home.

It is suggested that the ideal aims of such groups should be as follows:—

1. The teaching of self-reliance of children in safe and secure surroundings.
2. The maintenance of a healthy routine.
3. Provision of materials for absorbing occupation and play.
4. The integration with other children of the same age.
5. The preparation for the more formal and longer school day life at 5 years.
6. Last but not least the study of parental-and-child-guidance methods where aberrant and deviational processes of behaviour are commencing.

In Cornwall there are 34 groups providing 434 places for children aged 3—5 years.

It is within the first few years of life of our children that we should begin to inculcate attitudes of behaviour and thought acceptable to present day society. It is on sound early foundations that we should build our children's personalities and implant in them acceptable social attitudes, personal emotional stability and the capacity to deal with stresses of modern living.

### Health Education

The programme of health education throughout the County has continued along its previous pattern with but little change in course except that there has been a pilot scheme provision of a comprehensive curriculum on health education in some of the secondary schools. There has been an increasing demand for health education from the nursing staff during the year. The monthly topical subjects for postal display and distribution of leaflets has continued at infant welfare centres and this has been reinforced with 194 short talks. Courses for the presentation for child health and parentcraft teaching have been very popular and much appreciated by expectant mothers and fathers and in all 643 talks and demonstrations were given throughout the county. In schools 240 sessions were given in a wide variety of subjects including personal hygiene and healthy living and family life, films and strips on dangers of smoking and V.D. were shown on several occasions. 94 sessions on mothercraft were given to groups of senior girls. The health education teaching of senior school girls has been given a special impetus this year through the enthusiasm of one of the health visitors who has been particularly active in the field of health education. Teaching of health and hygiene in a Junior school has also been envisaged, and one of the large direct grant grammar schools in the county was approached on the question of commencing a scheme of health education teaching to 10 year old girls.

It is by no means unusual for adults as well as older children to feel some diffidence in broaching the question of human biology, and reproduction and sex for both of these groups can only too easily get tied up with feelings of acute embarrassment and even guilt. Therefore, any scheme of health education must be given against a background of well informed unbiased opinion, and spontaneous discussion must be encouraged between teachers, children and their parents. Simultaneously with the giving of a course on health education to a younger age group it would seem that ideally, in parallel, there should be a scheme for a parents discussion group in order that the parents can discuss any particular personal problems which may arise between themselves and their children. Such a group of parents should be led by a trained and well-informed worker in this field of health education. It is hoped that when a fully trained health education officer is employed by the County that there will be an extension of a health education scheme as suggested above to all 10—11 year olds in the local authority junior schools.

Mothers clubs, women's institutes and old people's welfare and such like groups were all given 108 talks on a great variety of health and welfare subjects, including home safety, care of the aged, play therapy, smoking dangers and the work of the health visitor. Requests from such groups continue to grow in demand and a great deal of evening work is embarked upon by various members of the health department. 85 mothercraft sessions, 20 first aid and home nursing talks and demonstrations were given by St. John Ambulance and British Red Cross and other young groups, and candidates were later examined in proficiency.

The subject of V.D. was given as an isolated topic on only three occasions. It is felt that this subject is better dealt with against a background of a fuller course of health education instruction. The dangers of smoking formed a subject for demonstration in infant welfare centres during one month and was used also as a topic for discussion in schools and youth groups on five occasions.

#### **Assessment of Hearing in Infants and Children**

In March Sir Alexander and Lady Ewing carried out an In-Service Course for 48 health visiting staff on the assessment of hearing in infants and young children and during the year 2,635 children under 5 years of age were screened by health visitors with referral of doubtful cases to Dr. Eyles. 47 cases so referred were then seen at a clinic by Dr. Eyles and one of the Peripatetic Teachers of the Deaf and a further 52 cases were seen on a domiciliary basis. Hearing assessment clinics continue to be held routinely at The Leats Centre, Truro, when Mr. Sheridan, Ear, Nose and Throat Consultant attends. Of the young children referred under 5 years of age, six were diagnosed as deaf or partially hearing and provided with commercial hearing aids, their ages at time of the final assessment ranged from 12 months to 3½ years. Parent guidance work on the early training of these children was begun and also continued with other pre-school children, who had previously been found to have impaired hearing. Speech Training Units have been loaned to 5 parents for use during the training sessions at home. Three children attended regularly the sessions held twice weekly at Lostwithiel where a small Unit for the teaching of these hard of hearing children has been set up. It is hoped that during the coming year other Nursery Units will be set up so that these pre-school children can attend daily training sessions, with parents accompanying them whenever possible. This provision should help to avoid the difficulties often experienced when similar youngsters have had to go to residential nursery schools out of the County, and it is expected that the maintenance of normal contacts in the home environment will give added impetus to their early efforts at oral communication.

## Welfare Foods

The issues over the past six years are as follows:—

		Nat. Dried Milk (Tins)	Cod Liver Oil (Bottles)	Vitamin Tablets (Tablets)	Orange Juice (Bottles)
1960	...	119,485	19,172	13,628	128,899
1961	...	103,976	14,455	11,792	89,923
1962	...	101,456	6,335	7,267	62,772
1963	...	99,468	6,947	6,910	72,234
1964	...	94,910	6,339	6,052	74,649
1965	...	85,988	6,383	5,633	77,783

The figures for issues for 1960 have been retained in the table this year to give some indication of the level of issues prior to the introduction of cash sales for the vitamin products.

The issues of National Dried Milk which have fallen by 20% in the past five years once again show a further decrease. National advertising by manufacturers of proprietary brands of milk; coupled with the ease by which mothers can "bank" their book of coupons with their liquid milk supplier would seem to be the main reasons for the decline. However it must be noted that the additional issues of dried milk at 4/- per tin has almost doubled in the last two years (3,267 tins in 1963) (6,398 in 1965).

It would seem that in spite of the general ability to pay for proprietary brands of all types of foods there is still a demand for a Welfare service such as is provided by this scheme.

My sincere thanks are once again due to the members of the Women's Voluntary service and to the shopkeepers, at the 138 centres throughout the county, without whom it would be impossible to maintain the service.

## THE NURSING SERVICE

### REPORT OF THE COUNTY NURSING OFFICER

The few vacancies on the Public Health Nursing Staff was an unexpected feature of 1965. It was a very happy state of affairs, which it is to be hoped will continue.

At the end of April 1965, a week-end Seminar was held in St. Austell for Midwives and Health Visitors on "Preparation for Childbirth." This proved a great success and many of the staff who attended have been able to help expectant mothers achieve a truly "happy event."

The County is still covered by four Assistant County Nursing Officers who enjoy their extra work, though in some cases the Assistant County Medical Officers miss their individual Assistant County Nursing Officers.



Requests have come from several General Practitioners towards the end of the year that District Midwives/Nurses attachment to Group Practices should be tried. Preliminary discussions have taken place and plans are going ahead for a trial.

The permanent whole time field staff at the 31st December 1965 was as follows:—

#### Administrative Staff

County Nursing Officer	...	...	...	1
Deputy County Nursing Officer	...	...	...	1
Assistant County Nursing Officers	...	...	...	4
				<hr/>
				6
				<hr/>

#### Whole-time Health Visitors

"Queen's" Nursing Sisters, S.C.M., H.V. Cert.	...	...	...	14
State Registered Nurses, S.C.M., H.V. Cert.	...	...	...	19
State Registered Nurses, H.V. Cert.	...	...	...	1
Full-time Tuberculosis Visitors	...	...	...	1
Part-time Tuberculosis and General Health Visitors				8
				<hr/>
				43
				<hr/>

#### District Nurse-Midwife/Health Visitors

"Queen's" Nursing Sisters, S.R.N., S.C.M.				
H.V. Cert.	...	...	...	40
State Registered Nurses, S.C.M., H.V. Cert.	...	...	...	9
"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	...	7
State Certified Midwives, S.E.N.	...	...	...	4

#### District Nurse-Midwives

"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	...	28
State Registered Nurses, S.C.M.	...	...	...	24
State Certified Midwives, S.E.N.	...	...	...	7

#### District Nurses

"Queen's" Male Nurse	...	...	...	1
State Registered Nurses	...	...	...	3
State Enrolled Nurse	..	...	...	1

#### District Midwife

State Certified Midwives	...	...	...	2
				<hr/>
				126
				<hr/>

**Part-time Staff**

Health Visitors	...	...	...	...	2
" Queen's " Nursing Sisters, S.C.M.	...	...	...	...	1
" Queen's " Nursing Sisters, S.C.M., H.V. Cert.	...	...	...	...	1
State Registered Nurses	...	...	...	...	12
State Registered Nurses, S.C.M.	...	...	...	...	2
State Registered Nurses, H.V. Cert.	...	...	...	...	—
State Enrolled Nurses, S.C.M.	...	...	...	...	—
State Enrolled Nurses	...	...	...	...	1
					<hr/>
					19
					<hr/>

**Sickness**

This has remained at about the usual level. There was a total of 72 members of staff off duty for 2,014 days and average of 12.28 days per person for the whole staff. Nine of these members were away for periods ranging from 65 to 213 days.

**Transport**

Only praise can be given to the Transport Officer and his staff for the way the Nurses and Health Visitors were kept mobile. All the staff become car drivers—eventually! At the end of 1965 one nurse was still waiting to take her driving test.

**Housing**

Fewer and fewer houses are being furnished for the staff who, rightly, are wanting to furnish their own homes. A new house was bought for the District Nurse/Midwife in St. Ives and she is enjoying living in it.

**Midwifery**

There was another drop in domiciliary births (451) as the new Maternity Unit at St. Austell got into full swing.

At the beginning of December, the very first Pupil Midwife arrived in Truro to undergo her district training for Part II of her Midwifery training. She enjoyed this very much. It is expected to have 3 pupils at a time on the district in the future, and it is to be hoped there will remain enough domiciliary cases to satisfy their training needs.

**Refresher Courses**

During the year 23 Midwives attended general midwifery courses, and 1 Administrator went to a course for Supervisors of Midwives. Health Visiting Courses were attended by 10 of our staff. In addition 30 Midwives attended a week-end seminar on Preparation for Childbirth.

### Supervision

The County Nursing Officer, her Deputy and Assistant County Nursing Officers paid the following visits during the year.

For checking of records and practical work	...	283
Other visits, including follow-up visits after statutory notifications	...	307

During the year 184 Midwives notified their intention to practise in the County.

Domiciliary, Cornwall County Council	...	129
Domiciliary in private practice	...	5
Institutional	...	60
		<hr/>
		184
		<hr/>

### Deliveries attended by Domiciliary Midwives

	Doctor not booked	Doctor booked	Total
Cornwall C.C. Midwives	... 35	1,781	1,816

The Midwives attended 623 mothers who were discharged from hospital before the 10th day. They also accompanied 448 patients to hospital by ambulance or car, entailing 995 hours away from the district.

### Visits paid by County Council Midwives

Ante-natal visits to domiciliary cases	...	23,588
Ante-natal visits to hospital booked cases	...	5,358
Midwifery visits	... ..	29,027
Visits to hospital booked cases discharged before the 10th day	... ..	3,542

### Medical Aid forms sent in respect of:—

Mothers during ante-natal period	...	324
Mothers during labour	...	500
Mothers during puerperium	...	62
Infants	...	90

### Other Statutory Notifications were received as follows:—

Stillbirths	...	99
Death of Mother	...	3
Deaths of Infants	...	94
Liability to be a Source of Infection	...	25

### Attendance at Clinics by Midwives

General Practitioner Ante-natal Clinics	...	1,371
Midwives Ante-natal and Relaxation Classes	...	639
Special Clinics for Health Education and Relaxation	... ..	520

### Health Visiting

Emphasis has been on Health Visitor/General Practitioner group attachment this year, which has proved successful on the whole. The Health Visitors concerned would not like to return to their former way of working and are hoping for even closer liaison. More schemes of attachment are being planned.

Testing for hearing defects in the children under five years old has got away to a mixed start—good in some areas, but not so good in other areas. However, all “at risk” babies are to be tested at about 8—9 months, and as many of the other babies as can be fitted in.

The following figures show the work of the Health Visitors:—

First visits to children under 1 year	...	5,156
Total visits to children under 5 years	...	109,641
Total number of children under 5 visited	...	24,514
Visits to persons over 65 years (social)	...	11,024
Social visits to others	... ..	8,137
Mental Health Visits	... ..	380
Infectious disease visits	... ..	2,925
Hospital after-care visits	... ..	352

Attendances at Clinics, etc:—

Child Welfare Centres	... ..	1,701
Mothercraft and Relaxation Classes	... ..	665
Mothers Clubs	... ..	170
Minor Ailment Clinics	... ..	237
Immunisation Sessions	... ..	1,508
Poliomyelitis Vaccination Sessions	... ..	1,586
B.C.G. Vaccination Sessions	... ..	37
Lectures and talks given	... ..	1,380
Demonstrations	... ..	861
Attendances at School Medical Sessions	...	1,326
Attendances at School Hygiene Sessions	...	1,021
Reinspections	... ..	161
Follow-up visits	... ..	1,745

### Students

These continue to come for district experience in their numbers, and the staff give them an interesting and enjoyable day. Some of these Students may be the Public Health Nurses of the future because of this contact.

## Home Nursing

Much of the District Nurse's work is geriatric nursing. It is undertaken cheerfully, a pride being taken in keeping as many elderly patients as possible in their own homes, and in giving moral support to their families.

During the year there was a further increase in the supply of underpads which are now freely available to all the nurses and they are being used at the rate of over 70,000 a year. They are also made available on request by general practitioners for patients not being attended by District Nurses.

## Work done by District Nurses

					New patients
Surgical cases	...	...	...	...	1,416
Medical cases	...	...	...	...	5,243
Miscarriages	...	...	...	...	151
Infectious diseases		...	...	...	20
Tuberculosis	...	...	...	...	97
					<hr/> 6,927 <hr/>
Visits paid:—					
Surgical	...	...	...	...	32,015
Medical	...	...	...	...	165,181
Miscarriages	...	...	...	...	920
Infectious diseases		...	...	...	106
Tuberculosis	...	...	...	...	6,937
					<hr/> 205,159 <hr/>

## DENTAL SERVICE

### REPORT OF THE CHIEF DENTAL OFFICER

At the end of the year, as a result of the Launceston-Bude post being taken up in the Spring, and in the Autumn a second part-time dental officer based on Truro being appointed, the County Council dental staff consisted of 12 full-time and 2 part-time dental officers and was only a fraction below the present full establishment of 13 dental officers, including the chief dental officer. Unfortunately this establishment figure was set as a target when the school population, for which the service is mostly concerned, was 39,000. This was sixteen years ago and since then not only has the school population increased to 50,000, but the demands on the service by mothers and pre-school children have also increased. This arrival at last to "full" establishment may therefore be regarded as a step forward, but a tardy one, and the establishment target needs to be raised by at least four to bring it to the standard envisaged even so long ago.



There was a change once again of a dental auxiliary as a result of resignation in contemplation of marriage in July, but two auxiliaries were appointed in September, one based on Truro and the other, a new appointment, on Camborne.

All of the dental clinics were functioning from April onwards, four of them full-time, viz. Penzance, Truro, Redruth and St. Austell. A new two-surgery clinic was occupied at Bodmin; built by the Bodmin Borough Council as a memorial to Prince Chula, it was opened in August by Princess Elizabeth Chula Chakrabongse.

### **Expectant and Nursing Mothers**

The extent to which this branch of the service is used is wholly dependant upon referrals of mothers by medical officers, health visitors and midwives. With live and still births numbering in the year 5,378 in the County and treatment being available from pregnancy until twelve months after birth of the child, there were over the full year rather more than 13,000 potential patients but at the clinics throughout the County only 168 attended for dental inspection, less than 1½%.

There was a noticeable drop in the number of mothers referred in all areas with the exception of St. Ives where, although this clinic is in operation for only one day a week, 19 mothers, 16 more than in the previous year were referred for inspection; none attended for inspection at Liskeard, Launceston and Bude, and at Newquay, Torpoint, Bodmin and Wadebridge there were only 1, 2, 3 and 4 respectively.

Although fewer mothers received treatment—208 compared with 226 in 1964—it will be seen that the number of fillings has in fact increased, an encouraging tendency towards conservative treatment which has been noticeable over recent years. Thirty-nine patients were fitted with dentures compared with 43 in the previous year and the total number of dentures fitted was 63 compared with 70.

### **Pre-school children**

All children under school age within the County are eligible for dental care by the local authority service and may be brought directly to any of the clinics. As this branch of the service has become better known there has been, particularly over the last four years, a steady increase in numbers both of children examined and of fillings completed for them. It is encouraging too that more children are being presented at regular intervals for "check-ups" before irreparable trouble develops. Of 652 children inspected 429 required treatment; those who did not require treatment included 2 year-olds whose teeth had only just erupted and others, older, who had already been treated in a previous year and who on re-examination needed no treatment.

The sum of the number of fillings, silver nitrate treatment and extractions indicates only the number of teeth treated for decay for these children in this one year. To visualise the whole sad picture there ought to be added to this sum the number of teeth which remained untreated for the 104 children who failed to attend for completed treatment (there were 233 broken appointments!) and the further number of teeth which were left untreated because they were beyond conservation but whose extraction was not immediately necessary. Bearing in mind too that the numbers refer to one only of the two and a half years that each child is "at risk" in the pre-school group, it will be seen that the dental health of our "under-fives" is far from satisfactory.

During the year the Health Committee have twice voted overwhelmingly in favour of "fluoridation" but the full Council have rejected it on both occasions by marginal votes.

In August 1965, a circular was issued by the Ministry of Health to all Local Authorities in England on the subject of "Fluoridation of Water Supplies". This referred to two earlier circulars on this subject which gave approval to the addition of fluoride to public water supplies which are deficient in it naturally, to the level appropriate for the prevention of dental decay. The object of this third circular was to dispel any doubts there may have been on the powers of water undertakers to do this. The fluoride content ideal for tooth structure is one part per million. In Cornwall the highest fluoride content of any of the water supplies is only one-fifth of this amount and of the majority less than one-tenth.

### Mental Health

Dental treatment is available to those up to school leaving age who attend the Curnow Training Centre at Redruth and Penarwyn Training Centre at St. Austell. Forty-four children were inspected, 28 were found to require treatment and 22 treated. Treatment carried out included 49 fillings in permanent and 4 in temporary teeth; 11 permanent teeth and 5 temporary teeth were extracted.

### Dental Care of Expectant and Nursing Mothers and Children Under School Age

	Expectant and Nursing Mothers	Children under 5
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#### A. Dental Treatment—Numbers of Cases

Numbers of persons examined during the year	...	...	...	168	652
Number of persons who commenced treatment during the year	...	...	...	139	418
Number of courses of treatment completed during the year	...	...	...	141	314

**B. Dental Treatment provided**

Scalings and Gum Treatment	...	...	99	—
Fillings	...	...	498	595
Silver Nitrate Treatment	...	...	—	85
Crowns or Inlays	...	...	2	—
Extractions	...	...	392	399
General Anaesthetics	...	...	48	161
Dentures provided:—				
Full upper or lower	...	...	29	—
Partial upper or lower	...	...	34	—
Radiographs	...	...	33	5

**AMBULANCE SERVICE****REPORT OF THE COUNTY AMBULANCE OFFICER**

The demand on the Service continues to increase, as can be seen from the table on page 51. The total number of patients carried was 171,260, an increase of 0.34% over last year. There has also been an increase of 10.8% in accident and emergency cases.

During the year the Regional Hospital Board has been carrying out a survey in Cornwall in an effort to determine the effect the annual influx of visitors has on the Hospital Services, and we have been asked to assist by informing the Survey team how this need affects the Ambulance Service. For this purpose a graph showing the accident and emergency calls has been prepared, and is reproduced on page 50. It is most noteworthy that not only has the peak demand continued to rise to higher levels each year, but the base of the rise has also broadened considerably, indicating that the ambulance demand has not only increased but has also spread over more months of the year.

This year regular meetings have taken place between the Hospital staff in the West Cornwall Hospital Management Committee area responsible for ordering ambulance transport, and ourselves. These meetings have been most beneficial to both sides, and are helping to solve some of the problems, which should reflect in a more efficient service. It is hoped to extend these meetings to include the Eastern half of the County, which is administered by Plymouth and District Hospital Management Committee.

While awaiting the report of the Working Party on the training of Ambulance Staff, the West Cornwall Hospital Management Committee kindly agreed that County Ambulance Service staff taking patients to hospitals in their area should each spend a day at either the West Cornwall Hospital, Penzance, or the Royal Cornwall Hospital (City), Truro, in order to improve their knowledge in dealing with accident and emergency cases. Attendances at these hospitals have commenced, and the staff who have attended have expressed their appreciation of the training they have received.

This year it was intended that a new Ambulance Station should be built at Bude, but certain difficulties arose over the site. These have now been settled, and it is hoped a new station will be built next year, as the present accommodation is most unsatisfactory.

Ministry of Health Building Notes No. 7 on the building of Ambulance Stations, together with Cost Allowances, was received during the year, and this information should prove a valuable guide on the building of future ambulance stations.

### Ambulance Stations

#### Day-Time Service (Ambulance Stations operated by the County Council)

Station	Station Officer	Head Driver	Ambulance Driver/ Attendants	Vehicles Ambulances	Dual- Purpose
Penzance ...	1	—	8	4	2
Redruth ...	1	—	12	4	4
Falmouth ...	—	1	6	2	3
Truro ...	1	—	12	7	5
St. Austell ...	—	1	7	3	3
Newquay ...	—	1	3	1	2
Bodmin ...	—	1	6	3	3
Launceston ...	—	1	6	2	3
Camelford ...	—	—	2	1	—
Bude ...	—	—	3	1	1
Liskeard ...	—	1	6	3	3
Looe ...	—	—	2	1	—
Torpoint ...	—	1	3	1	1
Saltash ...	—	1	3	1	1
<hr/>					
	3	8	79	34	31
<hr/>					

**Night and Week-end Service**

Station	Ambulance owned by County Council and operated by Voluntary Organisation	Ambulance owned and operated by Voluntary Organisation	Ambulance owned by County Council and operated by full- time drivers on stand-by basis
Pendeen	...	1	—
Penzance	...	—	—
St. Ives	...	1	—
Hayle	...	—	—
Camborne	...	—	—
Redruth	...	—	—
Illogan	...	1	—
Helston	...	1	—
Falmouth	...	—	1
Truro	...	—	1
St. Austell	...	—	1
Newquay	...	—	—
Indian Queens	...	1	—
St. Dennis	...	—	—
St. Blazey	...	1	—
Fowey	...	1	—
Bodmin	...	—	1
Padstow	...	1	—
Wadebridge	...	1	—
Camelford	...	—	—
Bude	...	—	—
Launceston	...	1	—
Liskeard	...	—	1
Looe	...	—	—
Torpoint	...	—	—
Saltash	...	—	1
	11	10	6

**Voluntary Organisations**

The Voluntary Associations continue to give valuable assistance at nights and week-ends by manning the County ambulances, and we are most grateful to them for undertaking these duties. There are also 10 Divisions which have their own ambulances and which also give most valuable assistance.

**Hospital Car Service**

During the year greater use has been made of the Hospital Car Service, and because of this it was not necessary to replace an ambulance driver who retired in August. The Hospital Car Service is becoming more and more a vital component of the Ambulance Service, and there is very close liaison between the County Ambulance Controls, the H.C.S. Area Transport Officers and the drivers.

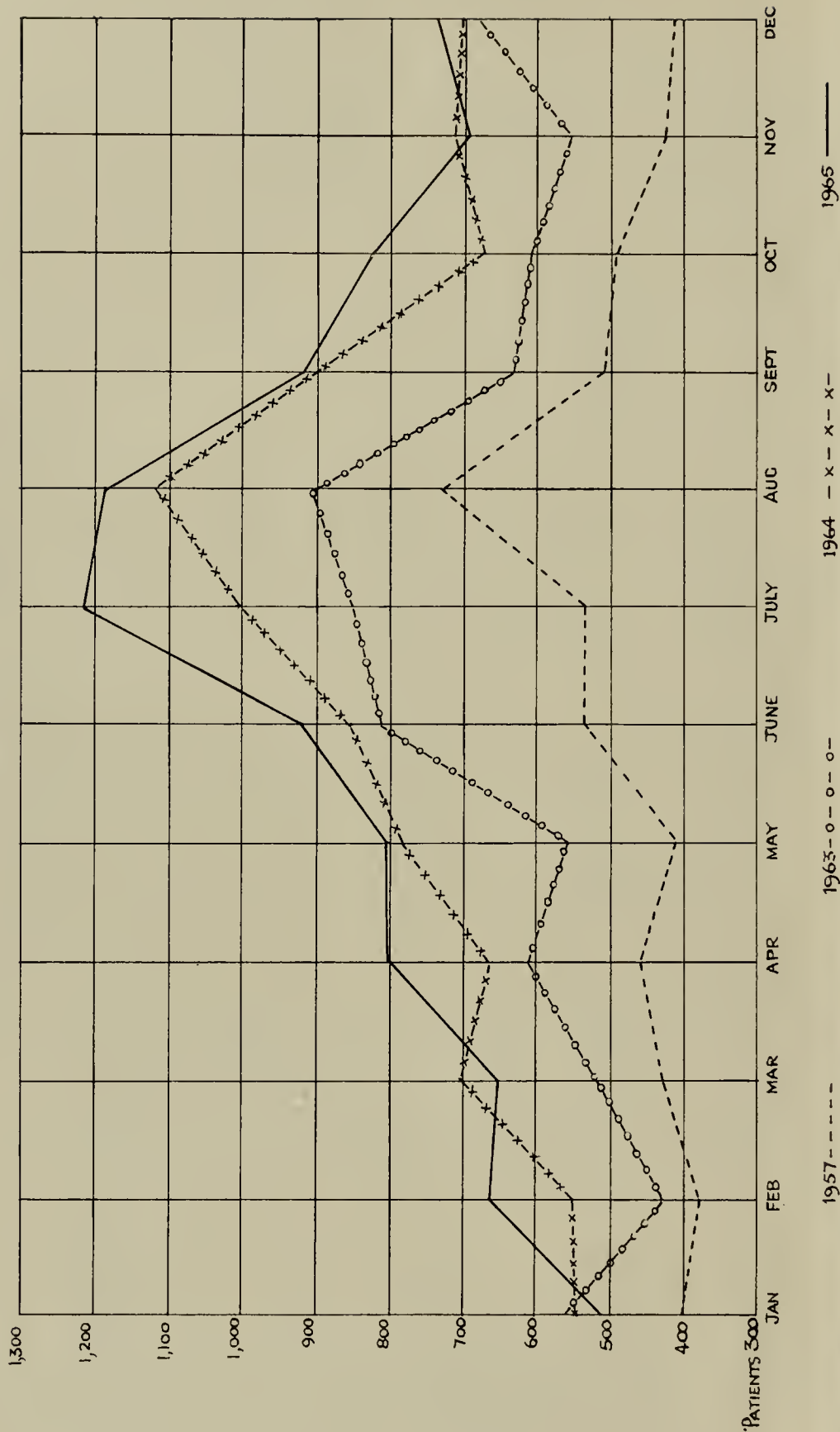


# Analysis of the Work carried out during 1965

	Section 27 Patients		Other than Section 27		Journeys without Patients		Totals	
	Accidents and Emergencies Patients	Miles	Other Cases Patients	Miles	Patients	Miles	Patients	Miles
Ambulances	9,338	236,679	38,175	353,332	3,164	6,287	50,677	608,463
Dual-Purpose Vehicles	398	7,898	69,620	420,347	11,749	39,565	81,767	474,239
Hospital Car Service	562	17,873	34,497	559,484	3,757	33,608	38,816	614,588
	10,298	262,450	142,292	1,333,163	18,670	79,460	171,260	1,697,290

The total number of accident and emergency patients dealt with by the Service during the year was 10,298; an average of one accident or emergency patient every 51.0 minutes.

ACCIDENT AND EMERGENCY CASES CARRIED



## Service Statistics

Patients carried and distances covered by the Ambulance and Hospital Car Services are shown in the table below:—

### Ambulances

		1952	1958	1964	1965
Patients Carried	...	35,993	35,952	49,399	50,677
Miles Travelled	...	501,264	498,070	585,836	608,463
Average Miles per Patient	...	13.92	13.85	11.86	12.01

### Dual-Purpose Ambulances

Patients Carried	...	71,540	93,590	91,889	81,767
Miles Travelled	...	628,932	686,993	555,793	474,239
Average Miles per Patient	...	8.79	7.34	6.05	5.80

### Hospital Car Service

Patients Carried	...	15,604	20,876	29,390	38,816
Miles Travelled	...	227,303	280,877	485,920	614,588
Average Miles per Patient	...	14.56	13.45	16.53	15.83

### Total — All Services

Patients Carried	...	123,137	150,418	170,678	171,260
Miles Travelled	...	1,357,499	1,465,940	1,627,549	1,697,290
Average Miles per Patient	...	11.02	9.75	9.54	9.95

Figures are shown for 1952, as in this year standard returns were made for the first time by all Authorities, counting one person carried once in one direction as one patient.

### Long Distance Transport

			1964	1965
Number of Patients carried by Ambulances, Dual-Purpose Vehicles, and Hospital Car Service	...	...	16	15
Number of Patients carried by Air	...	...	8	5

### Number of Patients carried by Rail:—

Patients for whom the County Council paid fares			903	855
Patients for whom the County Council did not pay fares	...	...	346	333

While a limited number of patients who travel by rail are accompanied by Hospital staff, the majority of these cases are escorted by members of the British Red Cross Society or St. John Ambulance Brigade, who are often called upon at very short notice, and we are indebted to them for the excellent way they look after these patients on long journeys.

We are grateful to British Railways, particularly at local level, for all their co-operation, and to other Local Authorities, especially London,

Bristol, and Plymouth, for ensuring that the patients are conveyed to their final destinations.

This year the five patients transported by air were conveyed by charter aircraft.

#### Replacement of Vehicles

During the year, 4 ambulances and 5 dual-purpose vehicles were replaced.

#### National Safe Driving Competition

In 1965, 86 members of the County Ambulance Service staff were entered in the National Safe Driving Competition, and the following awards were gained:—

3rd Bar to 10-Year Medal	...	1
2nd Bar to 10-Year Medal	...	1
2nd Bar to 5-Year Medal	...	9
1st Bar to 5-Year Medal	...	14
5-Year Medal	...	7
Diplomas 1—4 Years	...	42
Exemption Certificates	...	5
		<hr/>
		79
		<hr/>

#### Civil Defence Ambulance and First Aid Section

The County Ambulance Officer attended a Study Course at the Civil Defence Staff College, Sunningdale, in May to consider problems affecting the Ambulance and First Aid Section.

The War Establishment of the Section is 1,670. The total number of volunteers in the Section is 333, a reduction over the previous year of 39. This is due mainly to volunteers failing to comply with conditions as laid down in Civil Defence Circular 18/1962, and their names have been removed from the records.

In accordance with Home Office instructions, a recruiting campaign was not held during the year, with the result that the opportunity to replace these losses was restricted.

The progress of training in the Section is as follows:—

			1963	1964	1965
Class A	...	...	74	113	133
Class B	...	...	—	—	—
Reserve	...	...	30	39	45
Recruits	...	...	313	220	155
			<hr/>	<hr/>	<hr/>
			417	372	333
			<hr/>	<hr/>	<hr/>

Of the 43 members who have taken the Advanced Test, 39 were successful. This raises the total of volunteers who have succeeded in passing the Advanced Test to 56.

The numbers of Instructors remains at 27, the same as last year. Of these, 12 are members of the Civil Defence Corps, and 15 are from the Full-Time Ambulance Service. Of this total, 14 hold Centrally Trained Certificates, an increase of 4.

Volunteers from all parts of the County have taken part in Area Exercises and in one-day training exercises with the Wardens and Rescue Section. Several members of the Section took part in a large-scale week-end reinforcement Exercise held at Sidmouth, Devon, which included movement in convoy, and the treatment of a large number of casualties. Some very valuable lessons were learnt.

The Annual Competition for the Ambulance and First Aid Section was held in April. Of the eight teams competing, Camborne won the premier award, the Grinter Cup, while Falmouth were runners up and won the Kernick Cup.

A team from the Liskeard Area competed in the open competition held at Redruth in October, and were awarded the Curtis Shield.

There are 3 Personnel and Equipment Vehicles and 5 Ambulances which are used in the training of the volunteers. In the event of a National Emergency a large number of suitable vehicles will be required for Ambulance and other Civil Defence purposes. The Load Carrying Vehicles Committee have met, and formulated plans for requisitioning the necessary vehicles in the event of emergency.

## EPIDEMIOLOGY AND PREVENTIVE MEDICINE

As will be seen from Table IV on page 139 of the report, the more serious communicable diseases notified have caused no disquiet and remain at a satisfactory low level. From time to time, however, the odd doubtful case is admitted to the Isolation Hospital as a precautionary measure and the Local Medical Officer usually carries out tests and enquiries among close contacts before laboratory tests of the suspected case prove negative. These are always done with discretion and care not to alarm the public but, nevertheless, often involve considerable time and work on the part of the doctors and public health officers concerned.

In the same way, unexpected outbreaks of the less serious, but troublesome, diseases such as the epidemic of dysentery which flared up during the year and is reported later in this section, make many demands on Health Department staff, often without positive reward. In this outbreak, hundreds of rectal swabs were taken from cases and contacts, sometimes involving



whole classes of schoolchildren. Food handling establishments were investigated thoroughly in an attempt to locate the source of infection, unfortunately without success. These set-backs, however, are not allowed to lessen our efforts in this direction and we are very grateful for the close co-operation of the Public Health Laboratory staff in carrying out so many time-consuming and so often unrewarding tests. We can only hope that our constant efforts to train the general public in the need for care in the handling of food will in the long run have its effect in curbing these spasmodic outbreaks.

### **Diphtheria**

Although no case occurred in Cornwall during the year, we were notified that a little Cornish girl had been a very close contact of a fatal case in the London area. She was kept under strict supervision for some time, but did not develop the disease. This was a reminder, however, of how unexpectedly these diseases can rear in a community where protection is not complete and that constant vigilance regarding the number of children who are immunised against the disease is still very important. Although 5,295 children received protection for the first time during the year, 1,155 of these were over two years old before coming up for immunisation and 218 of these were over 5 years old. It is clear, therefore, that many mothers still need careful persuasion to get this done between 3—5 months, the recommended age for this primary immunisation.

### **Dysentery, Food Poisoning and the Enteric Fevers**

As mentioned at the beginning of this section, we were troubled by Sonn  dysentery of epidemic proportions during the year, a total of 745 cases being reported. Falmouth and Launceston were the places worst hit by the outbreaks.

Notifications are based on clinical diagnoses which, more often than not, are not substantiated by laboratory findings. This does not, however, deter Health Department staff from carrying out detailed investigations to find the source of the infection and control the outbreak. These were done mainly in the schools in the areas, among children, teaching and canteen staff, in an effort to halt the spread which was felt to be by direct contact. Children affected and contacts of cases in the families were not allowed to return to school until one negative bacteriological report had been obtained. Attempts were made to link the two outbreaks but no definite connection between them could be proved. The outbreaks were lengthy (2-3 months) and investigations tedious. For the time being, our efforts to educate the community in the importance of complete cleanliness in the handling of food, in the home and elsewhere, must continue in the hope of eradicating this unpleasant and, perhaps, avoidable condition.

One death occurred in the County to which the Registrar General attributed one cause as that of Typhoid Fever. Investigations proved, how-

ever, that the man's attack of the disease had been some years previously and it was felt that this was one instance when the death certificate was misleading and that the death should rightly have been attributed to the other condition.

### Measles

Following the low incidence of measles in 1964, 1965 could have been expected to produce in the region of 5,000 cases but has surprised us with only 2,791 cases. No serious complications of the illness have been reported.

Manufacturers have now produced a vaccine against this disease but the results of further trials of its complete safety and efficacy are still awaited before it can be recommended that it should be offered to parents along with other immunisation procedures.

### Meningitis and Acute Encephalitis

2 (6) cases of meningitis and 1 (2) of encephalitis were reported, a satisfactory decrease on last year's figures which are shown in brackets.

### Poliomyelitis

No case of poliomyelitis was reported during the year, which means that the County has been free of the disease for 4 years. This, no doubt, reflects the large-scale protection of the population with the oral vaccine.

A sudden outbreak at Blackburn, however, caused us to examine again the spread of this protection to ensure that there were no longer loopholes for the re-entry of the disease. Young people between the ages of 13 and 21 years escaped the campaign carried out in 1963, which covered all children between the age of 6 months and 11 years. It was the former group which had been hardest hit by the Blackburn outbreak and it was decided to offer re-inforcing or primary doses (for those who had never had it) to as many of this group who could conveniently be reached. This would complete the coverage of young people in the county. The campaign was well received and General Practitioners and County Council staff have been kept busy in their efforts to persuade as many as possible to accept around 50,000 doses of the vaccine. Figures for this campaign are not yet available but will be published in my report for next year.

It is a sad fact that only outbreaks of these dreaded diseases serve to make the population fully receptive to the protection offered and it is felt that to take advantage of any change of heart in this way is tactical rather than opportunist and it is very much hoped that the ultimate end will justify this approach.

The figures below show the number of children who received full courses of primary immunisation with oral poliomyelitis vaccine.

Year of birth					Others under	Total
1965	1964	1963	1962	1958-61	age 16	
915	3,102	681	285	1,498	2,922	9,403

### Acute Rheumatism

Four notifications of this disease were received during the year but, as I explained last year, it is still felt that more cases may, in fact, have occurred. General Practitioners have been asked again to let me know of any cases occurring in their patients up to 16 years of age. It is, therefore, hoped that a more accurate picture of the prevalence in the County will be available next year.

### Scarlet Fever

36 cases were notified but here, again, this is not necessarily an indication of the true prevalence.

### Smallpox

No alarms amongst the public or undue demand for vaccination occurred during the year as a result of outbreaks or importation of cases of this disease into the country. The general acceptance of primary vaccination of the age group for which it is recommended, namely 1—2 years, settled down to a reasonable level, accepting the fact that in spite of our persistent efforts at persuasion, it does not seem possible to raise the level from around 50%.

### VACCINATION AGAINST SMALLPOX

1956—1965

Year		Live Births	Vaccinated		Total Primary Vaccinations under 16
			Under 1	1—4	
1956	...	4,751	947	563	1,735
1957	...	4,768	1,452	673	2,528
1958	...	4,876	1,429	816	2,521
1959	...	4,795	1,398	853	2,574
1960	...	4,938	1,541	905	2,798
1961	...	4,850	1,380	1,116	2,916
1962	...	5,178	1,525	3,176	15,328
1963	...	5,189	451	419	1,266
1964	...	5,391	367	1,507	2,127
1965	...	5,415	210	2,253	2,668

### Tetanus

Protection against this disease has been an integral part of immunisation of children in the first year of life since 1956, as a component of the Triple Vaccine (Diphtheria/Whooping Cough/Tetanus). The use of these combined antigens greatly facilitates the administration of the vaccine in that a full primary course against all three diseases can be achieved by only three visits of the mother to the clinic or surgery. No case of tetanus was reported during the year in spite of the many dirty injuries to which Cornish children have doubtless been exposed and which, heretofore, would have

been a considerable source of danger. It seems reasonable to assume that we can now add this disease to the others which we can hope to see banished from the community.

Below is a table showing the number of children immunised in the county during the year against these three diseases.

Type of Vaccine	Year of Birth					Others under age 16	Total
	1965	1964	1963	1962	1958-61		
Diphtheria	1,454	2,682	387	155	399	218	5,295
Whooping Cough	1,446	2,644	365	138	149	55	4,797
Tetanus	1,454	2,684	392	156	492	560	5,728

### Tuberculosis

In last year's report, I mentioned disquiet about the risks of infection run by some children for a hard core of infectious patients. During the year, the service for the protection of schoolchildren was reviewed in the light of certain Ministry of Health recommendations, and arrangements made for those children reacting strongly to the Tuberculin Test (Grades III/IV) to be referred to the Chest Clinics for examination, surveillance and follow-up for five years and for their close household contacts to be persuaded to have chest x-ray examinations in an effort to trace the source of the original infection in the child. In this way, it is hoped to eradicate the "unknown infector pool" which has eluded us for so long and radically reduce the number of new notifications each year. It is comforting to find that when investigating the contacts of new cases older schoolchildren have already been protected by this routine B.C.G. Vaccination.

During the year 3,255 schoolchildren were tested, of which 2,625 were found to be unprotected. 2,383 of these received B.C.G. Vaccination and attempts will be made to include the remaining 242 children in the work carried out in 1966.

The two tables below show the notifications and mortality from the disease. The tendency among new notifications is towards the older age groups, involving smaller numbers of contacts to be investigated. It is hoped that this, in itself, will ultimately effect the number of persons infected by individual cases, particularly the younger age groups. The investigation of contacts, and others, has been facilitated by the introduction of a fortnightly visit of the Mass Radiography Unit to certain fixed centres in Cornwall, which has meant that contacts can be examined without appointment and at times outside working hours.



## NEW NOTIFICATIONS OF TUBERCULOSIS

Year	RESPIRATORY			NON-RESPIRATORY			ALL FORMS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1956	115	80	195	8	13	21	123	93	216
1957	118	78	196	9	16	25	127	94	221
1958	124	70	194	4	21	25	128	91	219
1959	118	67	185	10	13	23	128	80	208
1960	108	45	153	13	12	25	121	57	178
1961	77	40	117	9	14	23	86	54	140
1962	79	40	119	7	3	10	86	43	129
1963	63	39	102	11	9	20	72	48	122
1964	68	27	95	9	10	19	77	37	114
1965	49	28	77	4	8	12	53	36	89

## MORTALITY FROM TUBERCULOSIS

Year	Deaths			Death Rates					
	CORNWALL			CORNWALL			ENGLAND & WALES		
	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms
1956	34	3	37	0.10	0.01	0.11	0.11	0.01	0.12
1957	37	3	40	0.11	0.01	0.12	0.10	0.01	0.11
1958	35	8	43	0.10	0.02	0.13	0.09	0.01	0.10
1959	20	5	25	0.06	0.01	0.07	0.08	0.01	0.09
1960	20	2	22	0.06	0.005	0.06	0.07	0.01	0.08
1961	19	4	23	0.06	0.01	0.07	0.07	0.01	0.08
1962	16	4	20	0.05	0.01	0.06	0.06	0.01	0.07
1963	25	2	27	0.07	0.005	0.075	0.055	0.01	0.06
1964	18	1	19	0.05	0.003	0.05	0.05	0.01	0.05
1965	16	2	18	0.05	0.006	0.05			

## MASS RADIOGRAPHY SERVICE

Report on work carried out in the County and abnormalities found in Cornish residents during the year ended 31st December, 1965.

	Male	Female	Total
Number of Cornish residents examined	8,703	5,419	14,132

## INCIDENCE OF DISEASE

## A. Pulmonary Tuberculosis

		Rate per 1000 examined
1. Requiring treatment	... 14	0.9 (0.9)
2. Requiring observation	... 7	0.5 (1.5)
3. No further action	... 88	



**B. Other Conditions**

Pulmonary Infections including	
pneumonia	... 12
Bronchiectasis	... 5
Bronchitis and emphysema	... 35
Sarcoidosis	... 6
Pneumoconiosis	... 30
Carcinoma bronchus	... 3
Malignant Neoplasm	... 1
Non-malignant neoplasms including	
thyroid enlargement	... 5
Cardiovascular disease —	
Acquired	... 36
Congenital	... 2
Diaphragmatic and oesophageal	
abnormalities	... 4
Other significant abnormality	... 1
Non-significant abnormalities	... 58

Age and sex analysis of newly discovered significant cases of  
pulmonary tuberculosis requiring treatment

(Group 1 above)

	— 15	15—24	25—34	35—44	45—59	60 +
Male ...	1	3	—	5	1	2
Female ...	1	—	1	—	—	—

Analysis of cases of Pulmonary Tuberculosis requiring treatment by  
Survey Group

Group	No. Examined	Pulmonary Tuberculosis	
G.P. Referrals	... 402	1	2.49 per thous.
Schoolchildren	... 96	—	
Tuberculin positive reactors	... 258	2	7.75 per thous.
Contact groups	... 638	—	
Contact—Tuberculin positive reactor	... 1	—	
Occupational Surveys	... 2,559	2	0.78 per thous.
Firms and Factories	... 2,861	6	2.10 per thous.
Students	... 859	—	
School staff	... 115	—	
Hospital staff	... 105	—	
Mental Hospital staff	... 253	—	
Mental Hospital patients	... 929	—	
Army Intake	... 1	—	
Ante-natal patients	... 2	—	
General Public	... 5,053	3	0.59 per thous.
<b>TOTAL</b>	... 14,132	14	0.99 per thous.

## Venereal Diseases

Dr. E. R. Hargreaves, Consultant Venereologist writes —

“ One of the most unexpected developments in epidemiology has been the dramatic increase in venereal diseases in the past 10 years.

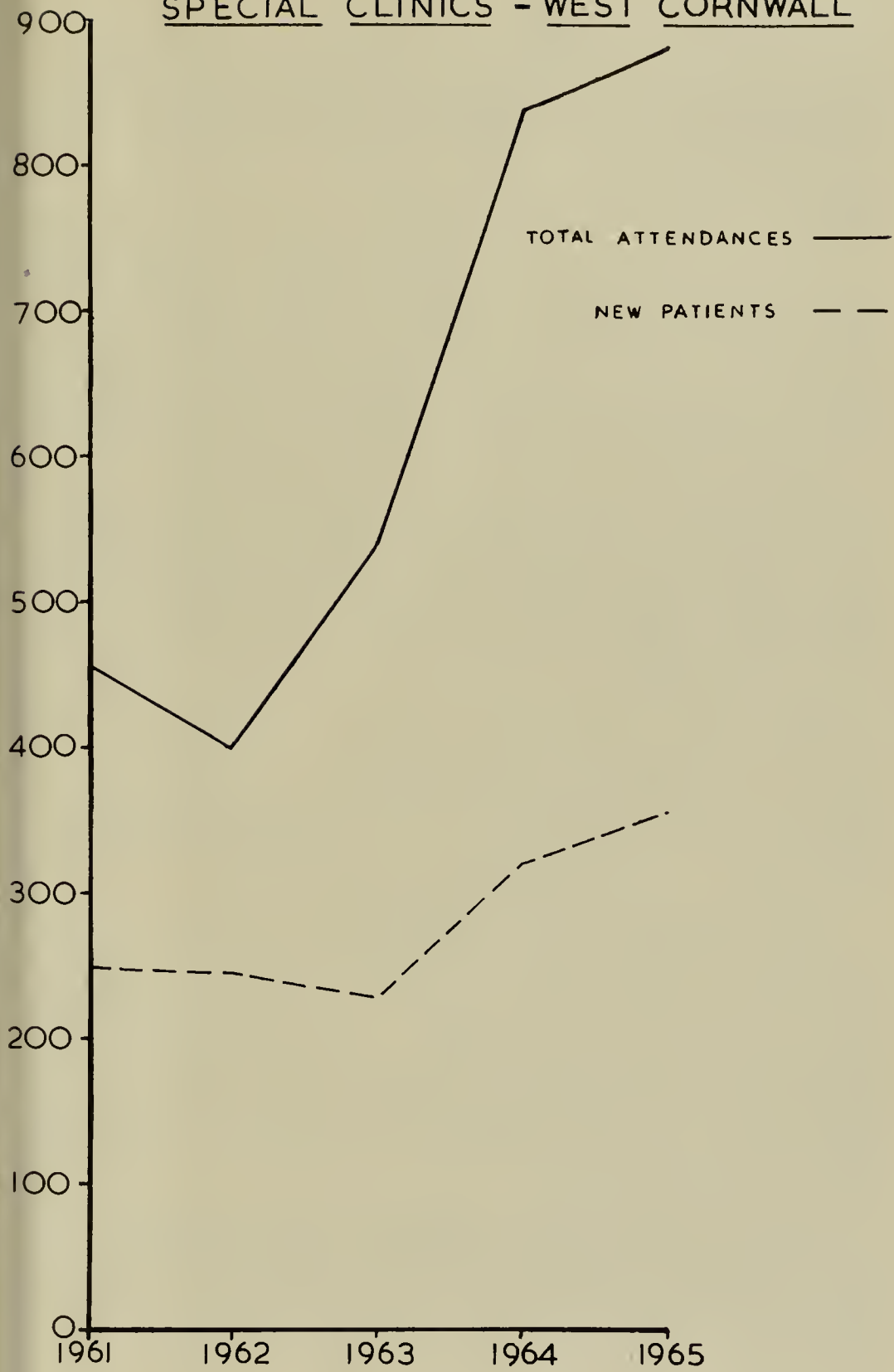
At the end of the second world war, the incidence of these diseases fell rapidly and it was anticipated that, with modern antibiotics, venereal diseases could be eliminated.

It was a surprise, therefore, when in 1955 the number of patients attending clinics began to increase; the increase has been noted in most parts of the world. In Britain, there has been a 50% increase in patients with the principal venereal diseases, namely syphilis and gonorrhoea between the years 1954—1964.

In Cornwall there was no marked increase until 1963 but in the past two years the number of patients attending clinics increased by more than half (as shown in the graph). There is no evidence that venereal diseases are prevalent amongst the teen-age population in Cornwall. Of the 39 new cases of gonorrhoea treated in 1965, only 5 were under 20 years of age (2 were 16/17 years and 3 were 18/19 years).

The County is covered by a series of weekly clinics held at the following hospitals:— Penzance, Redruth, Falmouth, Truro, St. Austell, Newquay. Patients for East Cornwall go to Plymouth.

During the year, the following new cases of venereal disease were treated at these clinics:— Syphilis, 9; Gonorrhoea 39; Other conditions: 358.”

SPECIAL CLINICS - WEST CORNWALL

### Whooping Cough

293 notifications of the disease were received during the year and, as has been explained before, this figure must be regarded as a minimum indication of the prevalence in the county. There were no deaths or reports of serious complications. 4761 children received courses of primary immunisation against the disease.

### Chiropody

The first full year of operation of the Domiciliary Chiropody Service described in my last report began with only 110 patients and admitted a further 443 housebound patients over the age of 65 years. Of these, 87 were removed from the register through death or other causes and the remaining 466 patients remained on the register at the end of the year with the approval in each case of the General Practitioner. 206 of these patients received a full course of four treatments during the year and in many cases the Chiropodists reported radical improvement after years of neglect. Whilst it is appreciated that many more patients would welcome help in this way, for the time being the service has had to be restricted to those who most need it, being unable to seek the service outside their own homes. It will take a year or two to be satisfied that the needs of all these patients have been fully met. The position will be reviewed when the full demands of the service are better known.

In a rural county like Cornwall, the travelling time involved in domiciliary visits of full-time or even part-time chiropodists would prove uneconomic. 26 State Registered Chiropodists are, therefore, employed on a per capita basis to treat patients within reasonable distance of their surgeries, a fee and limited travelling expenses being paid for each domiciliary visit. The patient is required to pay only 2/6d. per visit towards the cost of dressings.

### DOMESTIC HELP SERVICE

During the year 1965 the day-to-day supervision and organisation of the Service has been undertaken by the Women's Voluntary Service Organisers, and thanks are again due to Lady Carew Pole and the Women's Voluntary Service for all the help they have given. There are paid Organisers in areas 2 and 4. In addition to the work done by the Women's Voluntary Service for the Home Help Service, a separate scheme is run by them in conjunction with the National Assistance Board and this Good Neighbour Scheme relieves the Home Help Service of a number of old people who require only limited assistance.

All Home Helps are recruited in the first instance on a spare-time basis and may be promoted to part-time after five years satisfactory service. The spare-time Home Helps are paid only for the hours they work and get no holiday or sick pay, whereas the part-time Home Helps are required to work a minimum of twenty-one hours per week and receive sick and holiday pay at that rate.

Due to many young people leaving Cornwall for employment there is an increasing tendency for Home Help to be required by the elderly relatives left in the County. In some areas there has been an influx of people from other counties who need Home Help in times of illness as they have no relatives to assist them.

There seems to be no likelihood of a reduction in the numbers of old people who need assistance to enable them to remain in their own homes in spite of their age and increasing infirmities.

Considerable difficulty is being experienced in recruitment of Home Helps as now in addition to the attraction of seasonal work for the tourist trade, new factories are being opened which offer work to women. In view of the amenities offered to staff by, for example, hotels and factories, it may be necessary to review the conditions of service of Home Helps and employ more on a guaranteed wage.

In areas 2 and 4 occasional meetings of Home Helps have been held and various speakers have given talks on matters of interest to the Home Helps in connection with their work, for example medical officers, welfare officers, district nurses, and lecturers from the gas and electricity boards. These meetings provide an opportunity for Home Helps to meet and talk to others in the Service and give a sense of unity and participation in the Health Service as a whole.

	Home Helps employed:			Persons Helped:				
	Whole time	Part time	Spare time	Chronic sick & Tuberculosis	Under 65 Mentally Disorder- ed	Mater- nity	Others	Over 65
Area 1	1	4	65	22	1	6	5	278
Area 2	1	26	27	35	2	37	48	198
Area 3	9	6	35	5	—	44	12	223
Area 4	—	6	35	17	2	14	24	138
Area 5	—	1	26	6	—	8	8	63
Area 6	—	1	60	13	—	12	9	98
Area 7	—	1	44	10	—	16	1	97
Resident	1	—	3	—	—	13	2	4
	12	45	295	108	5	150	109	1,099
	352			1,471				



The following table shows the work over the past five years.

Year	Equivalent No. of Whole-time H. Hs.	Maternity	Tubercu- losis	Chronic sick & old age	Others	Total
1961	125.	226	21	789	171	1,207
1962	128.4	231	16	876	159	1,282

To meet the Ministry of Health requirements, persons having the services of a Home Help are now classified under the headings below.

Year	Equivalent No. of whole-time H.Hs.	Chronic sick & Tubercu- losis	Under 65 Mentally Disordered	Mater- nity	Others	Over 65	Total
1963	135.3	125	3	194	170	876	1,368
1964	140.3	121	4	218	155	976	1,474
1965	147.6	108	5	150	109	1,099	1,471

## MENTAL HEALTH

### 1. Administration

#### (a) Committee

A Mental Health Sub-Committee of the Health Committee is responsible for the functions of the County Council under the Mental Health Act, 1959 and the regulations made thereunder. Meetings are held at quarterly intervals.

#### (b) (1) Staff

The staff of the Mental Health Service has remained much the same as in 1964, as no new projects have come into operation during the year. The establishment for professional staff, is as follows:—

County Mental Health Officer	...	1
Assistant County Mental Health Officer	...	1
Organiser of Training	...	1
Mental Welfare Officers/Social Workers	...	18
Instructors of Mentally Disordered adults	...	12
Teachers of Mentally Handicapped children	...	13
Wardens and Assistant Wardens of Hostels	...	14

The lay administration and overall supervision of the service is the responsibility of the County Mental Health Officer. The Medical Superintendents of the psychiatric hospitals for the mentally ill and the subnormal advise on medical aspects of community care, and ancillary services are provided by the School Medical and School Dental staff, in respect of children excluded from the Education System.

### **(b) (2) Training of Staff**

The policy of the County Council to second suitable members of the staff for training, continued in 1965, and one Mental Welfare Officer was released to undertake the two year course of Social Work Training. A Trainee Teacher was also seconded for the two year diploma course for Teachers of Mentally Handicapped children. As in the past, these Officers have been paid their full salaries and expenses, whilst undergoing training. It is interesting to note that of the 18 Mental Welfare Officers/Social Workers on the staff, 3 hold the Certificate of Social Work, 2 are training to obtain this, 3 are recognised as qualified by experience, and 3 hold University Degrees or Diplomas. Of the remaining 7 officers, 4 possess psychiatric nursing qualifications.

In-service training has continued throughout the year, in conjunction with the medical staff of St. Lawrence's Hospital, and members of the staff have also attended refresher courses outside the County.

### **(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees**

A great deal of national emphasis is now placed on liaison between the several groups with responsibilities for services to aid the mentally disordered. This co-ordination is essential if the dichotomy between Hospital and Local Authority is to be overcome, and without it, no effective service can be provided. In Cornwall, these relationships have been developing over the past decade, and there is now complete co-ordination.

Regular meetings are held between representatives of Regional Hospital Board, Hospital Management Committees and County Council, at Committee and Officer level, where policies are discussed and development planned. The Mental Welfare Officers of the Local Authority work in clinical teams headed by Consultant Psychiatrists on the staff of the Hospital, and four female members of these teams work part-time at St. Lawrence's Hospital and part-time in the Community. There are regular case conferences and meetings, and in fact, Hospital and Local Authority staff work in a completely co-ordinated system.

The Medical Superintendent of the Royal Western Counties Hospital, near Exeter, Dr. D. Prentice, hold out-patient clinics within the County to deal especially with the problems of the sub-normal and severely sub-normal. These clinics are organised by the Local Authority and attended by Mental Welfare Officers.

### **(d) Duties delegated to Voluntary Associations**

No statutory duties are delegated to Voluntary Associations but their support is enlisted and encouraged in any way which will assist the Community Care services. The two main voluntary Societies in Cornwall are for the Mentally Handicapped, and they both undertake a tremendous amount

of supportive work in the County. They bring parents together so that mutual problems can be discussed, assist in the education of the public, and take an active interest in Training Centres and Hostels. Members of the Mental Health staff serve on the Committees of these Societies, and co-ordinate their efforts. Rotary Clubs, Round Table Societies and other groups supplement this work in a variety of ways.

## **2. Account of Work undertaken in the Community**

### **(a) Prevention of Mental Illness, Care and After-Care**

In the Annual Report for 1964, reference was made to the steady rise in the admission rate to Psychiatric Hospitals for the Mentally Ill. The statistics given showed a climb from 1069 patients admitted in 1960, to 1512 admitted in 1964. During the year 1965, the number of admissions totalled 1513. It is too early to forecast whether these figures signify that the peak has been reached, or whether this levelling off is a temporary phase. At the end of the year Cornish patients occupied 1166 beds in hospitals for the Mentally ill, compared with 1170 at the end of 1964, so that despite a high admission rate, the number of discharges is equally high. These facts mean, of course, that the vast majority of patients recover after a short period of treatment, and return home. Even if re-admission for further short-term treatment becomes necessary, this is far preferable to continuous long stay, and ultimately complete inability to face the outside world again.

The 18 Mental Welfare Officers and Social Workers have continued to provide an effective care and after-care service, working in close liaison with the Consultant Psychiatrists concerned. During the year 14,800 visits were made to the homes of mentally disordered persons, supporting them during periods of stress, and sustaining them after their initial return home, following treatment. 509 new cases were referred for after-care in 1965. As part of these supportive services, the two Psychiatric Social Clubs at Falmouth and Redruth have met weekly, and there is no doubt of their value in aiding the patients recovery and progress. Mental Welfare Officers take a part in these Clubs, in which a certain amount of group therapy can be undertaken.

Public education must not be overlooked if community care is to be effective, and members of the Mental Health staff speak to a very wide selection of audiences. Whilst a great deal remains to be done in this sphere, and results can only be measured in the long term, tolerance and understanding are growing.

### **(b) Initial Proceedings by Mental Welfare Officers**

The Mental Welfare Officers personally admitted to hospital a total of 1,177 patients during the year. This represents 77% of the overall admission rate and details of the method of admission are shown in the statistics at the end of this section of the report. This high percentage indicates how effectively the Mental Welfare Officers are involved with patients at the

earliest stage and how much their services are called upon by General Practitioners.

The Mental Health service operates on a 24 hour basis, and the County is covered by staff on stand-by at all times. This is an onerous duty which is hardly reflected in the present national salary gradings for the staff concerned. A further revealing fact is that of the 1,177 patients admitted to Hospital during 1965, the exceptionally high number of 532 involved working outside normal office hours. These facts bear more than adequate testimony to the exacting and unsparing work of the Mental Welfare Officers.

A further glance at the statistics of admissions by Mental Welfare Officers, shows that 183 patients were admitted to Hospital under the provisions of Section 29 of the Mental Health Act, 1959. This Section is for use in cases of urgent necessity, and there have been articles in Medical Journals suggesting that it may be used as a convenient way of detaining a patient for three days. It is very difficult to establish whether there has been any undue use of this section of the Act as a variety of factors must be taken into account in every individual case. The Mental Welfare Officers in Cornwall are very much alive to their Statutory responsibilities under the Mental Health Act, and the situation is being carefully watched.

### **(c) The Subnormal and Severely Subnormal**

#### **(i) Ascertainment and Community Care**

The present services for the mentally backward, as far as ascertainment and home visiting are concerned have been in force for the past half century. Quite naturally the purpose of visiting the homes of patients has changed during this time from the authoritarian and custodial aspect, to one of social work with families. A great deal of excellent work is done in this field as the presence of a mentally handicapped person in a household can give rise to a variety of problems for the family. Regular visits are paid to more than 800 homes in the County, and everything possible is done to support parents, relatives and patients. A social club for the subnormal has been established at St. Austell by the East Cornwall Society for the Mentally Handicapped and this is of considerable help in the area. During the year 97 new cases were referred, compared with 124 last year, but this represents no significant change in the pattern. The majority of these referrals were from the Cornwall Education Authority, representing children unsuitable to attend school and backward school leavers.

One of the problems we are experiencing is the grave shortage of Hospital beds to support our Community Care Services. 35 patients were admitted to hospital during the year, and it has been a very real difficulty to obtain beds for some of them. The waiting list has risen from 22 to 33 during the year and some of the cases concerned are extremely urgent. Development is planned by the South Western Regional Hospital Board, with additional beds in existing premises, and as a long term policy, it is hoped that a small



hospital unit for 30 severely subnormal children may be built in the County on land owned by the County Council. The site suggested adjoins a Junior Training Centre and Residential Hostel, and if the project materialises, will provide a complete care service for all grades of mentally handicapped children.

### (ii) Training

No new capital development has come into operation in 1965, and the year has been spent in consolidating the four new Centres which have been opened since 1962. There are now 240 training places for children and adults in Cornwall, supported by Residential Hostels to overcome problems of distance, and at the end of the year 234 children and adults were receiving training. Very good progress has been made in both Junior Centres, and there has been noticeable improvement in the social behaviour and performance of many children. Two have, in fact, improved so much that they are being referred to the Education Authority for re-admission to the normal education system. The Junior Centres have a high proportion of qualified staff, and each includes a nursery nurse and a trainee teacher in the establishment. The Adult Centres place the main accent on work, although social education and physical recreation have a definite part in the curriculum. Difficulties have been experienced in obtaining suitable productive work, but thanks to the endeavours of the Head Instructors, the position improved considerably in 1965. The following are some of the occupations which are carried out, and which involve team work:—

- a. Assembly of wooden fish boxes.
- b. Manufacture of wooden lockers.
- c. Manufacture of dining tables and coffee tables for new County Council Homes for the Elderly.
- d. Manufacture of wooden switch boxes for Electricity Board.
- e. Manufacture of seed boxes.
- f. Packaging a variety of small articles.

In addition, one Centre has a horticultural training scheme with glass-houses equipped with soil heating and mist propagation, and both units have domestic training schemes, with the usual household equipment. The Centres have also assisted towards setting up of the new County Hall, carrying out sub-assembly work on 65,000 envelopes for the suspended filing system. Some 600 special folders are now being made for the County Planning Department, and it is hoped that an order can be obtained for the manufacture of 600 heavy wire coat hangers for the new building. Incentive payments are made to all trainees, and at the present time the maximum is 10/- weekly.

The next step in the chain of development is the construction of a 60 place Work Therapy Unit, where the mildly mentally ill and the higher grades



of subnormality can work together under factory conditions. A site has been obtained at Redruth, and building should start during 1966/67, together with the provision of a Residential Hostel for 15 male and 10 female patients, who require somewhere to reside whilst attending the work unit.

### (iii) Hostels

Three Residential Hostels are now at work, in conjunction with the Training Centres. They are quite separate from the Centres both geographically and from the aspect of staffing. Two cater for adults, having 20 places each for male and female residents, and the Third accommodates 30 juniors of mixed sexes. The two adult units were fairly slow in the build up of numbers, particularly the female hostel, but they are now virtually full, and the turnover is very slow indeed. The Junior Hostel filled up much more rapidly, and although there were 4 vacancies at the end of the year, these will probably be taken fairly early in 1966.

Whilst these Hostels are provided for trainees living too far from the Training Centres to attend on a daily basis, they also have a definite therapeutic value. It is noticeable that trainees who are also resident tend to improve in their social behaviour and performance more rapidly than some day trainees, who do not have the benefit of living with an organised group. This is an aspect which may become an interesting study in the future. All residents go home at weekends according to the wishes of the family, but a fair average is probably one weekend in three. They also return home, or go to alternative accommodation for holidays, thus preserving their links with the family and general community. The Hostel staff have put in a most useful year of work, not without some difficulty at times, due to staff shortages. Whilst they quite naturally have recognised off duty time and holidays, they are never really free of responsibility whilst they are in residence.

There is no doubt that Hostels of this nature have a very definite value in a Mental Health Service, and it would be impossible to operate a training scheme in Cornwall without them. They have fulfilled a need, the demands of which were somewhat uncertain at the outset, and now they are an accepted fact, it is difficult to recall how we managed without them.





- (iii) Admissions of Cornish patients aged 65 years and over to St. Lawrence's Hospital during the year.  
(These figures are included in the numbers given under (ii) ).

	Informal				Section				Section				Court				Total			
					25.		29.		26.				Cases							
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	102	198	14	17	29	35	2	5	1	—	148	255	—	—	—	—	—	—	—	—
	(104)	(187)	(13)	(10)	(26)	(48)	(1)	(2)	(1)	(2)	(145)	(247)	(1)	(1)	(1)	(1)	(145)	(247)	(1)	(247)

- (iv) Number of Cornish patients in Hospitals on 31st December, 1965.

Name of Hospital	M		F		Total	
St. Lawrence's Hospital, Bodmin	...	466	670	1136	(455)	(1130)
Moorhaven Hospital, Devon	...	4	26	30	(8)	(40)
	...	470	696	1166	(463)	(1170)





## (ii) Patients in Hospitals (including patients on leave).

Name of Hospital	M.	F.	Total
Royal Western Counties Hospital			
Group ... ..	216 (213)	164 (169)	380 (382)
Other hospitals ... ..	91 (90)	45 (45)	136 (135)
	307 (303)	209 (214)	516 (517)

## (iii) Patients awaiting admission to Hospitals

Classification	M	F	Total
(1) Over the age of 16 years			
(a) Cot and chair cases		(1)	(1)
(b) Ambulant low grade cases ...	1	3	4 (—)
(c) Medium grade cases ...	1 (2)	1	2 (2)
(d) High grade cases ... ..	4		4 (—)
(2) Under the age of 16 years			
(a) Cot and chair cases ... ..	11 ( 8)	8 (3)	19 (11)
(b) Ambulant low grade cases ...	3 (1)		3 (2)
(c) Medium grade cases ... ..	1	(1)	1 (1)
(d) High grade cases ... ..	(4)	(1)	— (5)
	21 (15)	12 ( 7)	33 (22)

(These figures include six males and five females of cot and chair grade and one male of ambulant low grade under the age of 16 years at present in an Approved Home. Six of these patients are over age for transfer.)

## B. Community Care

## (a) Mental Illness

	M	F	Total
Receiving after care visitation ...	177	426	603
	(172)	(359)	(531)

## (b) Subnormality and severe subnormality

## (i) Number of new cases reported during the year

How reported	M	F	Total
(1) Notified by the Education Committee: Education Act 1944.			
(a) Children unsuitable for education at school ...	17	9	26
	(18)	(9)	(27)
(b) School leavers reported informally ...	10	12	22
	(17)	(16)	(33)
(2) Reported from other sources ...	28	21	49
	(36)	(28)	(64)
	55	42	97
	(71)	(53)	(124)

## (ii) Number of patients under care on 31.12.65

	M	F	Total
(1) Under informal care ...	443	362	805
	(407)	(336)	(743)
(2) Under Guardianship ...			
(3) On leave from Hospitals ...	1	2	3
			(—)
	444	364	808
	(407)	(336)	(743)

## (iii) Number of patients receiving training at 31.12.1965.

			M	F	Total
Curnow Training Centre, Redruth:					
(a) Junior Department	...	...	40 (34)	24 (26)	64 (60)
(b) Adult Department	...	...	31 (31)	32 (31)	63 (62)
Blantyre Training Centre, St. Austell:					
(a) Day Trainees	...	...	14 (11)	11 (13)	25 (24)
(b) Hostel Residents	...	...	20 (18)	16 (16)	36 (34)
Doubletrees Training Centre, Penarwyn, St. Blazey:					
(a) Day Trainees	...	...	6 (3)	12 (10)	18 (13)
(b) Hostel Residents	...	...	18 (7)	8 (5)	26 (12)
Home Teaching cases	...	...		1 (1)	1 (1)
Training Centres run by other					
Local Authorities	...	...	1 (1)		1 (1)
			130 (105)	104 (102)	234 (207)

## WELFARE SERVICES

### THE AGED AND THE INFIRM

#### 1. Accommodation for the Elderly

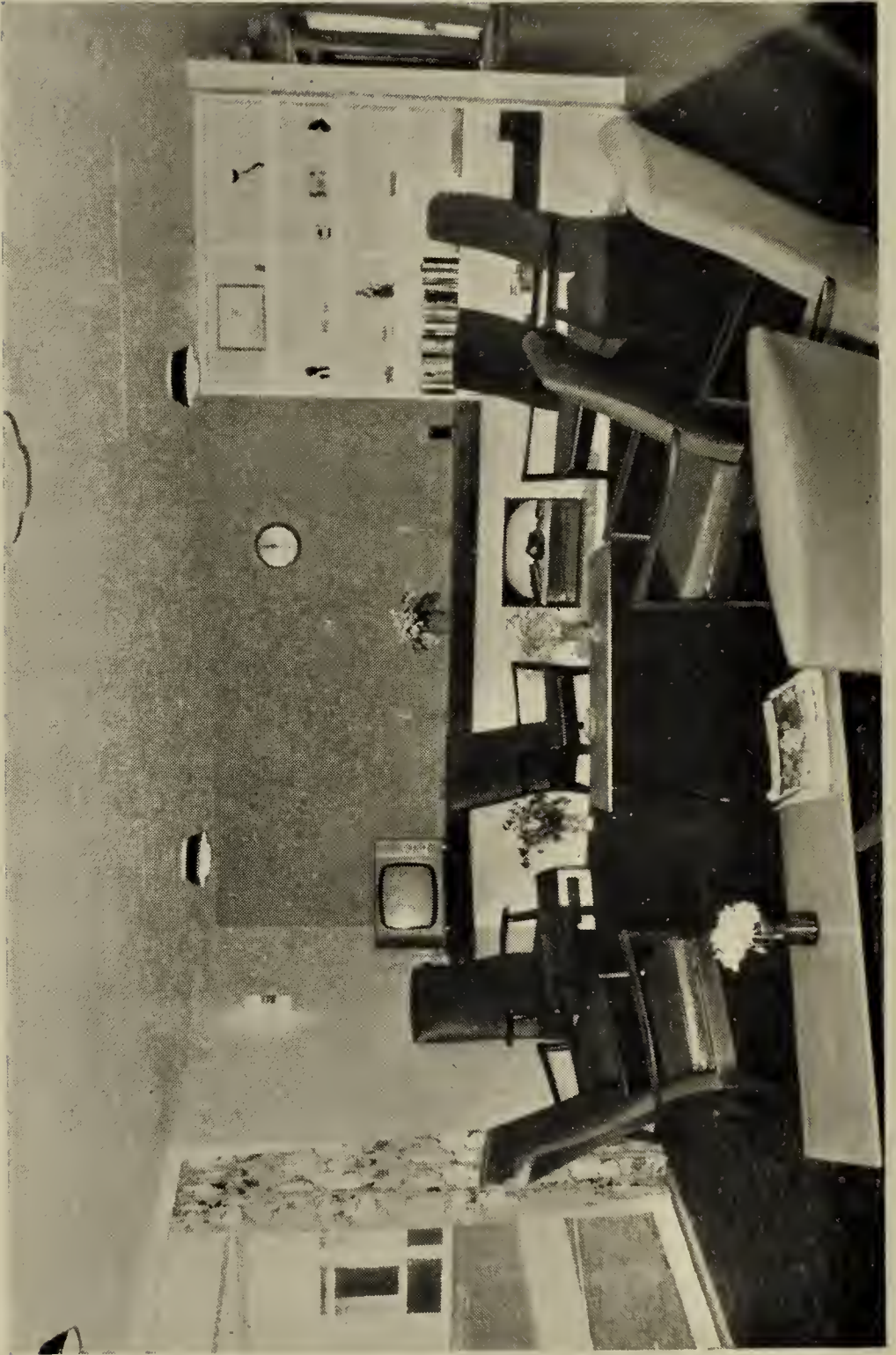
It is to be regretted that the plans for the provision of Homes for the Elderly set out in some detail in the report for 1964 have suffered a set back as a result of the Government's financial measures. Nevertheless, it is a pleasure to report that although some schemes are being held up, the three new Homes to replace Sedgemoor Priory (formerly a public assistance institution) have been or are nearing completion. One, Woodland House, St. Austell, was occupied for the first time in October 1965 and the withdrawal from Sedgemoor Priory was completed in February 1966 when the two new homes at Wadebridge and Bodmin were occupied in January 1966.

These three new Homes are all built on the same plan, i.e. there is accommodation for 48 persons in each Home with a central dining room and kitchen. The new vanitory sets for the bedrooms comprise a wardrobe, cupboard, dressing table and four drawers and are a great success, being generally admired.

A Home for the Elderly has been commenced at Launceston and should be completed in 1966. This will also have 48 beds.

The Residential Homes provided by voluntary associations at Bude, Liskeard, St. Austell, Perranporth and the Epiphany Homes at Truro and St. Agnes continued to be very well run, are very comfortable and every endeavour is made to make the residents happy. It is pleasing to be able to report that in addition to the extension at Caprera, St. Austell and Downsview, Bude reported last year an extension has also been completed at the Eventide Home, Liskeard.

The following is the return of persons in Welfare accommodation at 31st December, 1965:—



One of the Lounges at St. Brock, Wadebridge



Establishment	Men	Women	Children	Total
<b>Joint User Establishments</b>				
Sedgemoor Priory, St. Austell	...	50	25	75
Lamellion Hospital, Liskeard	...	29	38	67
<b>Residential Homes</b>				
St. Michael's, Penzance	...	9	26	35
Endsleigh, Newquay	...	7	20	27
Polvellan, Looe	...	9	28	37
Cliffe House, Falmouth	...	13	17	30
Carew House, Hayle	...	20	17	37
St. Hilary, Bude	...	22	13	35
Penberthy House, Newquay	...	13	32	45
Headlands, Carbis Bay	...	8	26	34
Blackwood House, Camborne	...	15	44	59
St. Anne's, Saltash	...	13	22	35
The Green, Redruth	...	12	34	46
Woodland House, St. Austell	...	19	29	48
<b>Voluntary Homes</b>				
Bude Eventide Home	...	3	6	9
Caprera, St. Austell	...	7	25	32
Liskeard Eventide Home	...	1	9	10
Perran Bay Hotel, Perranporth	...	9	25	34
Epiphany Home, St. Agnes	...	11	16	27
Rosewin Home, Truro	...	—	20	20
Methodist Home, Liverpool	...	—	1	1
St. Teresa's, Penzance	...	7	10	17
Ex-Officers' Home, Bishopsteignton	...	1	—	1
Nurses' Memorial Home, Reigate	...	—	1	1
St. Mary's, Bovey Tracey	...	—	1	1
Cann House, Tamerton Foliot	...	1	2	3
Distressed Gentlefolk's Home, Tunbridge Wells	...	—	1	1
Rockleaze, Dousland, Yelverton	...	1	1	2
Dunmore, Bradninch	...	1	—	1
Henry Radcliffe Home, Limpsfield	...	1	—	1
Belvedere Home, Kent	...	1	—	1
St. Katherine's House, Wantage	...	—	1	1
Terrill House, Clifton, Bristol	...	—	1	1
Primley House, Paignton	...	—	1	1
Elphick House, Bristol	...	1	—	1
Southall-Norwood Eventide Home	...	—	1	1
	284	493		777

Establishment	Men	Women	Children	Total
<b>Homes Provided by Other Authorities</b>				
Bedford C.C. ...	—	1		1
Portsmouth C.B.C. ...	1	—		1
Devon C.C. ...	1	—		1
Plymouth C.B.C. ...	3	—		3
Monmouthshire C.C. ...	—	1		1
Southwark L.B.C. ...	1	—		1
Warwickshire C.C. ...	—	1		1
Northumberland C.C. ...	—	1		1
<b>Blind Homes</b>				
Malabar, Truro ...	3	22		25
Torr, Plymouth ...	—	7		7
Royal School for the Blind, Leatherhead	1	—		1
The Manor, Torquay ...	1	—		1
<b>Epileptic Colonies</b>				
Chalfont, Bucks ...	1	3		4
David Lewis, Cheshire ...	—	1		1
Maghull Homes, Liverpool ...	2	—		2
<b>Special Homes for Spastics, etc.</b>				
Prested Hall, Feering ...	—	1		1
Oakwood, Kelvedon ...	—	1		1
	14	39		53
Total in Residential Accommodation	298	532		830
<b>Temporary Accommodation</b>				
3, St. Saviour's Terrace, Polruan ...	1	1	4	6
Hostel, 17, North Street, St. Austell ...	—	3	8	11
Caravan at United Downs, St. Day ...	1	1	2	4
Old Isolation Hospital, Goss Moor ...	1	1	—	2
45, Slades Road, St. Austell ...	1	1	6	8
Shirley House, Carharrack ...	1	1	9	11
10 and 12 Church Street, Tywardreath ...	2	2	10	14
Hurstocks, Cardinham ...	1	1	—	2
Caravans at Penwithick ...	—	1	1	2
Willerby Caravan, Pool ...	1	1	7	9
Old Police Station, Camborne ...	3	4	17	24
Caravan at Hayle ...	—	—	—	—
21 and 23, High Street, Camelford ...	2	2	7	11
8, Quay Hill, Falmouth ...	1	1	6	8
11, Treslothan Road, Troon ...	—	1	3	4
25, Queen Street, Penzance ...	1	1	7	9
Total in Temporary Accommodation	16	22	87	125
GRAND TOTAL ...	316	563	79	958
Less Chargeable to Other Authorities	5	11	—	16
	311	552	79	942

The figures on page 79 in Residential Accommodation on the 31st December, 1965, are made up of the following classes and again attention is drawn to the fact that many of the elderly in the care of the County Council are either physically or mentally handicapped, or both.

Not materially handicapped	Elderly	M	131
		F	249
		M	14
	Others	F	12
<hr/>			
Blind	Elderly	M	15
		F	36
	Others	M	6
		F	7
<hr/>			
Deaf	Elderly	M	2
		F	4
	Others	M	1
		F	—
<hr/>			
Epileptic		F	3
	Elderly	M	—
		M	3
	Others	F	8
<hr/>			
Others physically handicapped	Elderly	M	76
		F	130
		M	15
	Others	F	24
<hr/>			
Mentally handicapped	Elderly	M	21
		F	44
		M	8
	Others	F	11
<hr/>			

**Persons in Temporary Accommodation**

	Evicted	M	16
		F	19
Persons over age 16			
	Others	M	1
		F	4
Children accompanied by persons over age 16			
	Evicted		80
	Other		5
	TOTAL		125

**Registration of Old Persons' and Disabled Persons' Homes (Sec. 37-40 of the National Assistance Act, 1948)**

Types of Home	Homes on the register on the night of 31.12.65	
	Number of Homes	Number of residents for whom provision made
Homes for Old Persons	... 36	448
Homes for Disabled Persons	... 1	22
Homes for Old Persons and Disabled Persons	... 5	132
TOTAL	... 42	602

**2. Special Housing for Old People**

(a) The District Councils, as Housing Authorities, continue to co-operate with the County Council in the care of the elderly by providing special housing (bungalows, flats, etc.) in the County where welfare facilities are provided and the number of such housing units now stands at the excellent figure of 910. The County Council make a grant if welfare services (minimum being the provision of a Warden and bell system) are provided. The County Council as the welfare authority has always held that it is much better for the elderly to stay in their own homes as long as possible and that Residential Accommodation should only be used as a last resort and the County Council, therefore, welcome this very valuable provision made by the Housing Authorities. The schemes already approved by the County Council are as follows:—

Housing Authorities	No. of Housing Units	
Truro R.D.C.	Portscatho	12 Bungalows
"	Mylor Bridge	8 "
"	St. Agnes	12 "
"	Goonhavern	8 "
"	Perran-ar-Worthal	11 "
"	Veryan	6 "
"	Carnon Crescent, Carnon Downs	6 "
"	St. Just-in-Roseland, Harbour View	6 "
"	Frogpool	8 "
"	Mount Hawke	6 "
"	Kea	6 "
"	Perranporth	10 "
"	Flushing	8 "
Falmouth Borough Council	Chy-an-Mor, Falmouth	18 Flats
Launceston Borough Council	Poltamar Estate	11 Bungalows & Flats
West Penwith R.D.C.	Bodriggy Estate, Hayle	39 "
"	Lethlean Estate, Hayle	20 "
"	Treloweth Estate, St. Erth	16 "
"	St. Levan Close	20 "
"	Millett Close, Boltern Road and St. Levan Road	22 "
"	Chy-an-Gweal Estate, Ludgvan	16 "
"	Queensway, Hayle	8 "
"	Aldreath Close, Madron	12 "
"	Parc-an-Cady, St. Buryan	8 "
"	Atlantic Crescent, Sennen	10 "
Newquay U.D.C.	St. Piran's Road, Newquay	12 Flats
"	Porth Bean Road, Newquay	12 " 1 Bungalow
Liskeard Borough Council	Lake Lane Liskeard	72 Bungalows
St. Ives Matthews Trust, St. Ives		10 Flats



Housing Authorities	No. of Housing Units
Wadebridge R.D.C.	Mayfield Close, Port Isaac 14 Bungalows
„	Whiterock, Wadebridge 9 „
„	West Park Estate 39 Flats
Camelford R.D.	Bossiney 6 Bungalows
Lostwithiel Borough	Tangier 12 Flats
Penryn Borough	St. Thomas Street 10 Flats 1 House
Saltash Borough	Grenfell Avenue 37 Flats
Truro City	Cook's Row 3 Bungalows
„	Baynard's Meadow 16 Flats
„	Carlyon Close 11 Flats
„	Festival Gardens 6 Bungalows
„	Lemon Row 4 „
„	Tregear Gardens 20 Flats
„	Mitchell Hill 16 „
„	Malpas Road 8 „
„	Tregurra 16 Bungalows
„	Malabar 16 Flats
„	George Street 6 „
„	Trelander Vean 12 Bungalows
„	Trelander Barton 38 Flats & bungalows
„	Malpas Estate 12 Bungalows
Penzance Borough	Pendarves Flats 24 Flats
St. Ives Borough	Trewyn Gardens 16 Flats
„	Meadow Site 17 Flats & Maisonettes
Kerrier R.D.C.	Mullion 10 Bungalows
„	Constantine 10 „
„	St. Keverne 6 „
„	The Lizard 6 „
St. Austell U.D.C.	Poltair Court, St. Austell 11 Houses
„	Prince Charles Road 10 „
„	Robartes Gardens 6 „
Torpoint U.D.C.	Queens Park Housing Estate 18 Bungalows
St. Austell R.D.C.	South Park, St. Columb 14 „ Major
Launceston R.D.C.	Trevendon, Stokeclimland 7 Flats & bungalows
Fowey Borough	The Windmill 29 Units

### (b) Possible Improvements in Welfare Services

The County Council consider that the minimum welfare services to be provided by Housing Authorities should be a Warden service and the provision of a bell system but it is pleasing to note that some of the authorities have gone beyond these minimum requirements and are providing such services as —

- (i) digging of gardens
- (ii) interior decoration
- (iii) chiropody
- (iv) hot meals and,

at least one authority (Saltash Borough Council) has installed an inter-communication system as an extension to the normal bell system. It is hoped other Housing Authorities will consider arranging for the provision of such extra facilities.

(c) The County Council have decided to extend this Scheme to include handicapped elderly persons who may not have reached the ages stated above or other persons who are so severely and permanently handicapped that they are unable to lead a normal life and have no-one who can give them adequate care and attention.

### 3. Meals on Wheels

There are 19 Meals on Wheels and one Luncheon Club operating in the County. The County Council provide, on loan, the equipment (hot-locks etc.) for the meals on wheels service and the local District Council usually makes a grant towards the running expenses, the transport being arranged by voluntary effort.

### 4. Chiropody

Arrangements have been made for the Residential Homes of the County Council to have the services of a trained chiropodist for one or two sessions in each month. In addition, 16 of the Old People's Welfare Committees in the County have arranged chiropody sessions for the members of old people's clubs. One or two committees have also arranged for domiciliary visits by the Chiropodists. Grants in respect of the provision of chiropody were made during the year to the following voluntary organisations:—

- Truro Old People's Welfare Committee
- Looe Branch Toc H
- St. Austell Old People's Welfare Committee
- St. Agnes Old People's Chiropody Service
- Hayle Old People's Welfare Committee
- Wadebridge Advisory Committee for Old People's Welfare
- Helston Old People's Welfare Committee
- Par and District Old People's Welfare Committee
- British Red Cross Society, Penzance

### 5. Old People's Clubs

The numbers of old people's clubs in the County at 31st December, 1965, were as follows:—

W.V.S. Clubs	...	...	45
Red Cross Clubs	...	...	6
Miscellaneous Clubs	...	...	6

### HANDICAPPED PERSONS

On driving down a country lane, one sees a beautiful house, and it has all the appearance of being perfect. It is delightfully constructed with magnificent gardens but something is missing—it is empty. Later it is furnished and a family moves into this 'house' yet the atmosphere is now different for it has become a 'home.'

In Cornwall there are 1678 handicapped persons, and it is part of the County Council's duty to try and make some of their 'houses'—'homes.'

Naturally some are more badly disabled than others. A very small number are in private Homes, but the majority reside in their own homes. A person, disabled for many years must make many sacrifices. Yet how much more must the persons who care for them sacrifice. It takes much self control and perseverance always to keep a happy and cheerful atmosphere in a home where there is a handicapped person. The County Council, tries, therefore, as often as possible to alleviate the natural tension by arranging for the disabled person to have a holiday. For many years past there have been two holiday beds at St. Teresa's Cheshire Home, Marazion—1 male and 1 female, and these are both in constant use. Occasionally we are even able to 'squeeze' in extra cases when there are vacancies in the beds usually used by permanent cases. Astor Hall at Plymouth and the new holiday Home, Rockleaze, Yelverton, are being used for this purpose as well, when vacancies are available. The Cornwall Association for the Care of the Disabled arranges one weeks holiday for the handicapped in the Spring of each year, thereby accommodating many who, but for this break, would be housebound, and the cost is shared equally by the Cornwall Association for the Disabled and the County Council.

During the year much help has been given by the provision of equipment especially designed for handicapped persons, or for the use of the relative on whom the disabled person depends to care for them. The cost of this equipment is very high, but the benefit gained cannot be measured. Of course these articles, such as bath seats and rails, tripod and quadruped walking aids, sticks, hoists etc., are placed on loan with the patient concerned, and are returned when they are no longer required.

Because of the rural character of Cornwall, many of our most severely disabled cases live in remote areas or awkwardly designed houses. To

help such people, every possible assistance (within reasonable limits) is given to make the house more suitable for their unfortunate inhabitants. In this work the assistance of the County Architect, the Local Councils and the District Welfare Officers is much appreciated.

The availability of the Disabled Drivers badge is welcomed by disabled car drivers, as most Local Authorities are sympathetic to people whose cars bear these badges.

There is, of course, a great need for the provision of a County Council Home for the Physically Handicapped. A place where the handicapped can live together and find companionship with others, in many cases, more badly disabled than they are themselves. A place where, in some cases, they may live and die in peace, as so many of our handicapped persons are afraid that their last days will be spent away from the happy atmosphere of a home. I feel that this need should be stressed. If such a home were provided, more holiday beds would also be available.

As from the 1st April, 1966, the Blind Services for the County will also be administered by this Department. It is hoped that the 7 Home Teachers for the Blind will be integrated into the general pattern of social work for the handicapped in the County and the Home Teachers will work in conjunction with the District Welfare Officers from the Health Area Offices, and that there will be close liaison.

During the year thanks for co-operation must be accorded to the Cornwall Association for the Disabled, the Red Cross and other voluntary agencies.

## CARE OF THE HANDICAPPED

Number of patients on register on 31.12.65.

Classification	Male			Female		
	16— 30	30— 50	Over 50	16— 30	30— 50	Over 50
A/E(1) Amputation ...	7	10	26	3	2	15
F(2) Arthritis & rheumatism	1	23	59	7	23	115
G(3) Congenital malforma- tions and deformities ...	15	31	14	21	26	2
H/L(4) Diseases of the digestive and genito- urinary systems; of the heart or circulatory system; of the respiratory system; (other than T.B.); and of the skin ...	35	52	113	22	19	20
Q/T(5) Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than T.B.) of the upper and lower limbs and of the spine ...	23	39	39	10	14	18
V(6) Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ...	82	130	130	87	89	101
U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6) ...	18	14	7	6	2	7
X(8) Tuberculosis (respiratory) ...	11	37	17	9	11	—
Y(9) Tuberculosis (non-respiratory) ...	12	5	5	9	5	5
Z(10) Diseases and injuries not specified above ...	16	10	15	9	6	19
Total ...	220	351	425	183	197	302
	996			682		
	(Included in V(6) above)					
Epileptics ...	19	18	7	22	7	4
Spastics ...	16	10	2	19	9	4
	(under 16—4)			(under 16—2)		



## FAMILY WELFARE SERVICE

### I. Staff

Eight Family Welfare Workers are at present employed in Areas 1, 2, 3, 4 and 7. Two cases in Area 6 are being visited.

### Resignations

Mrs. Belinda J. Banham, B.Sc.(Hons.), S.R.N., Diploma Social Studies, the part time Family Welfare Case Work Adviser and the architect of the Service in this County, resigned at the end of June. Her many commitments prevented Mrs. Banham from accepting the full time appointment now required by this service.

The resignation took place in December, for domestic reasons, of Mrs. F. Warne based on the St. Austell Health Area. Mrs. Warne had accomplished much. She is being missed by both her families and colleagues. Mrs. Warne joined the staff in November, 1963.

### Appointments

The appointment of Miss E. J. Jennings, S.R.N., S.C.M., Q.N., H.V. Cert., to the part of Senior Family Welfare Worker took place on 1st July. During her twenty years experience in the Public Health field Miss Jennings has been keenly interested in the rehabilitation of inadequate families.

### St. Austell Health Area, the Wadebridge-Launceston Health Area

Appointments of one Family Welfare Worker for the St. Austell and one for the combined Wadebridge-Launceston Health Areas have been made.

### Concerning Families Under Supervision in 1965

Number of families being supervised on 31.12.65	...	112
Number of children under school age belong to the above families	...	438
Number of families removed from supervision	...	34
Number of families accepted for supervision	...	40
Number of families evicted from either Council or privately owned property	...	None
Number of families for whom household necessities were provided	...	116
Number of families for whom rent arrears, under the County Council's Rent Arrears Scheme, were paid	...	2

### Assistance from Local Charitable Sources

Practically every family has received gifts of clothing etc., from the W.V.S., and the B.R.C.S. The gifts were allocated and distributed by the Family Welfare Workers.

A Christmas party was given to 30 children by the Officers and Ratings of Her Majesty's Naval Air Station, Culdrose and at Easter a batch of Easter eggs was distributed from the same source.

The children from several schools and Sunday schools throughout the County gave delightful Christmas gifts for the children of our families, and in addition numerous gifts of clothing, bedding, furniture and three prams have been received from private individuals. All were most warmly appreciated.

### Holidays

Two little girls, sisters, were given a summer and a Christmas holiday by a private family. These were wonderful breaks for these children.

### Sources of Instruction

All the Family Welfare Workers attended the Annual Study Days at Newquay convened by the Children's Officer. They likewise attended the valuable courses of lectures based on the curriculum of the London University Diploma of Social Studies given by Mrs. B. J. Banham, B.Sc.(Hons.), S.R.N., Diploma Social Studies. Because of her practical experience in Family Case Work these lectures are particularly helpful to the staff.

The Family Welfare Workers continued to give advice and practical instruction in all branches of home making. Their task is often fraught with disappointment and anxieties but each one continues her work with zest and good humour.

## BLIND AND PARTIALLY-SIGHTED PERSONS

### Blind

The total number of blind persons on the Register at 31st December, 1965, was 895.

New admissions during the year	...	141
Transfers of registered blind people from other areas	...	15
Deaths	...	125
Transfers of registered blind people to other areas	...	19
Decertifications due to improved visual acuity	...	1

There are 11 Home Workers in Cornwall.

### Home Teaching Service

The staff consisted at 31st December, of seven qualified Home Teachers and one trainee.

## Register of Blind Persons:—

Age Period	Age Groups of Blind Persons			Age at onset of Blindness		
	Males	Females	Total	Males	Females	Total
0	0	0	0	26	35	61
1	0	0	0	0	0	0
2	0	1	1	1	0	1
3	0	2	2	2	1	3
4	0	0	0	2	0	2
5—10	3	1	4	9	7	16
11—15	5	2	7	7	5	12
16—20	7	4	11	9	7	16
21—29	10	4	14	17	15	32
30—39	17	11	28	25	18	43
40—49	17	25	42	26	44	70
50—59	34	43	77	45	57	102
60—64	35	34	69	27	50	77
65—69	36	50	86	22	61	83
70—79	80	143	223	66	137	203
80—84	45	111	156	27	68	95
85—89	28	80	108	11	39	50
90 & over	14	53	67	3	14	17
Unknown	0	0	0	6	6	12
Totals	331	564	895	331	564	895

## New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0—4	0	1	1	0	1	1
5—10	0	0	0	0	0	0
11—15	0	1	1	0	1	1
16—20	1	0	1	1	0	1
21—29	0	0	0	0	0	0
30—39	1	2	3	1	2	3
40—49	0	1	1	0	1	1
50—59	1	4	5	2	4	6
60—64	7	7	14	6	7	13
65—69	6	8	14	6	11	17
70—79	17	26	43	18	28	46
80—84	7	26	33	10	19	29
85—89	6	10	16	2	12	14
90 and over	1	8	9	1	5	6
Unknown	0	0	0	0	3	3
Totals	47	94	141	47	94	141

Blind Children under 16 years				Males	Females	Total
1.	Age under 2	...	...	0	0	0
2.	Age 2—4:					
	Suitable for education at school	...		0	3	3
	Unsuitable for education at school			0	0	0
				<hr/> 0	<hr/> 3	<hr/> 3
3.	Age 5—15					
	Suitable for education at school	...		0	0	0
	Attending Special Schools for the Blind					
	(i) Blind with NO other defects	...		3	3	6
	(ii) Blind WITH other defects	...		1	0	1
				<hr/> 4	<hr/> 3	<hr/> 7
	Unsuitable for education at school:					
	(i) In hospital for the Mentally					
	sub-normal	...	...	3	0	3
	(ii) At home or elsewhere					
	Blind	...	...	0	0	0
	Blind with multiple defects	...		1	0	1
				<hr/> 4	<hr/> 0	<hr/> 4
	Total children	...		<hr/> 8	<hr/> 6	<hr/> 14

Education, Training and Employment (Age periods 16 years and upwards)

				Males	Females	Total
1.	At School					
	Age Group 16—20	...	...	0	1	1
2.	Undergoing training					
	(i) For sheltered employment	...		1	0	1
	(ii) For open employment	...		2	0	2
				<hr/> 3	<hr/> 1	<hr/> 4
	Total training	...		<hr/> 3	<hr/> 1	<hr/> 4
3.	Employed					
	Employment under Sheltered Conditions					
	(i) In Workshops for the Blind	...		3	0	3
	(ii) In Home Workers' Schemes	...		9	2	11
	Employment under Ordinary					
	Conditions	...	...	24	3	27
				<hr/> 36	<hr/> 5	<hr/> 41
	Total employed	...		<hr/> 36	<hr/> 5	<hr/> 41

## 4. Not Employed

## Capable of and available for work

## Already trained

(i) For sheltered employment ...	0	0	0
(ii) For open employment ...	3	0	3

## Subject to being trained

(i) For sheltered employment ...	0	0	0
(ii) For open employment ...	0	0	0

## Without training

(i) For sheltered employment ...	0	0	0
(ii) For open employment ...	6	0	6

## Not available for work

Age Group 16—59 ...	...	16	49	65
Age Group 60—64 ...	...	12	22	34

## Not capable of work

Age Group 16—59 ...	...	33	34	67
Age Group 60—64 ...	...	16	11	27

## Not working

Age 65 and over ...	...	198	436	634
		<hr/>	<hr/>	<hr/>
		284	552	836
		<hr/>	<hr/>	<hr/>
Grand Total ...	...	331	564	895
		<hr/>	<hr/>	<hr/>



## Occupations of Employed Blind Persons:—

					Employment Under		
					Sheltered Conditions	Ordinary Conditions	
					In Special Workshops	In Home Workers Schemes	
GROUP I							
Professional, Technical, Administrative and Executive Workers, Managerial Workers							
Masseurs and Physiotherapists	...				0	0	4
Musicians and Music Teachers	...				0	1	1
Other Workers in Group 1	...	...			0	0	1
GROUP II							
Clerical and Related Workers							
Typists	...	...	...	...	0	0	2
Braille Copyists	...	...	...	...	0	1	0
Telephone Operators	...	...	...	...	0	0	3
GROUP III							
Sales Workers							
Working Proprietors, Shop Managers	...				0	1	2
Street Vendors	...	...	...	...	0	0	1
GROUP IV							
Agricultural and Horticultural Workers							
Farmers	...	...	...	...	0	0	4
Poultry Keepers	...	...	...	...	0	0	2
GROUP V							
Craftsmen, Production Process Workers, Labourers							
Machine Tool Operators	...	...	...	...	1	0	3
Knitters	...	...	...	...	0	2	0
Viewers, Inspectors, Testers	...	...	...	...	0	0	1
Basket Makers	...	...	...	...	0	3	0
Mat Makers	...	...	...	...	1	0	0

				Employment Under	Sheltered	Ordinary
				Conditions	Conditions	Conditions
				In Special	In Home	
				Workshops	Workers	
					Schemes	
Piano Tuners	...	...	...	—	3	1
Craftsmen and Production Process						
Workers	...	...	...	1	—	—
Labourers	...	...	...	0	0	1

## GROUP VI

## Service and Miscellaneous Workers

Miscellaneous Workers	...	...	...	0	0	1
				<hr/>	<hr/>	<hr/>
				3	11	27
				<hr/>	<hr/>	<hr/>

## Physically Defective and Mentally Sub-Normal and Mentally Ill (All Ages)

				Males	Females	Total
(a) Mentally Ill	...	...	...	8	19	27
(b) Mentally Sub-Normal	...	...	...	15	9	24
(c) Physically Defective	...	...	...	27	43	70
(d) Deaf without Speech	...	...	...	0	0	0
(e) Deaf with Speech	...	...	...	3	3	6
(f) Hard of Hearing	...	...	...	30	55	85
Combination of (a) and (c)	...	...	...	0	2	2
Combination of (a) and (f)	...	...	...	2	1	3
Combination of (b) and (c)	...	...	...	2	2	4
Combination of (c) and (e)	...	...	...	0	1	1
Combination of (c) and (f)	...	...	...	3	4	7
Combination of (a) and (e)	...	...	...	0	1	1
				<hr/>	<hr/>	<hr/>
				90	140	230
				<hr/>	<hr/>	<hr/>

## Blind Persons age 16 and upwards resident in:—

Residential accommodation provided  
under Part III of the 1948 Act,  
(viz. Section 21.)

				Males	Females	Total
(a) Homes for the Blind	...	...	...	4	31	35
(b) Other Homes	...	...	...	13	17	30
Other Residential Homes	...	...	...	3	11	14
Hospitals for the Mentally Ill	...	...	...	10	23	33
Hospitals for the Mentally Sub-Normal	...	...	...	8	1	9
Other Hospitals	...	...	...	11	20	31
				<hr/>	<hr/>	<hr/>
				49	103	152
				<hr/>	<hr/>	<hr/>

**Miscellaneous information:**

Social Centres	...	...	...	6
Handicraft Classes	...	...	...	10
St. Dunstaners	...	...	...	9
Persons newly employed in open industry	...			2
Persons discharged from open industry				
during year	...	...	...	2

**Partially Sighted**

The total number of partially sighted persons on the register at 31st December, 1965, was 217.

New admissions during the year	...	...	48
Transfers into the County	...	...	6
Deaths	...	...	17
Transfers out of the County	...	...	7
Transfers to the Blind Register and Decertifications			
due to improved visual acuity	...	...	12

Details of the register for 1965 are as follows:

**Age Groups of Partially Sighted Persons**

			Males	Females	Total
0— 4	...	...	0	0	0
5—15	...	...	6	6	12
16—20	...	...	5	3	8
21—49	...	...	9	13	22
50—64	...	...	13	16	29
65 and over	...	...	40	106	146
Totals	...	...	73	144	217

**Cases newly registered during the year****Age at date of registration**

			Males	Females	Total
0— 4	...	...	0	0	0
5—15	...	...	0	0	0
16—20	...	...	0	0	0
21—49	...	...	2	1	3
50—64	...	...	2	8	10
65 and over	...	...	15	20	35
			19	29	48

## CLASS A

Persons Near and Prospectively Blind  
(age 16 and over)

	Males	Females	Total
Employed ... ..	6	2	8
Undergoing Training	0	0	0
Unemployed:—			
Available for and capable of training or work ...	1	0	1
Not available for or not capable of work ...	34	84	118
	<hr/>	<hr/>	<hr/>
	41	86	127
	<hr/>	<hr/>	<hr/>

## CLASS B

Persons Mainly Industrially Handicapped:

	Males	Females	Total
Employed ... ..	4	2	6
Undergoing training ...	0	1	1
Unemployed:			
Available for and capable of training or work ... ..	3	0	3
Not available for or not capable of work	1	1	2
	<hr/>	<hr/>	<hr/>
	8	4	12
	<hr/>	<hr/>	<hr/>

## CLASS C

Persons requiring observation only 17                      48                      65

## CLASS D

Children 5—16

	Males	Females	Total
Educable:			
At Special Schools	3	4	7
At other schools ...	2	1	3
Not at school ...	0	1	1
Ineducable ...	1	0	1
	<hr/>	<hr/>	<hr/>
	6	6	12
	<hr/>	<hr/>	<hr/>

Children over 16 and still at school ... 1

## REPORT OF THE CORNWALL ASSOCIATION FOR THE CARE OF THE DISABLED

This report is a review of the Association's main functions.

### **The Occupational Therapy Service**

This service is delegated by the Cornwall County Council who make an annual grant to cover the cost. It is a firmly established part of the County Welfare Service and its administration follows well defined lines. The number of cases on the Register, which shows little fluctuation, at the 31st December 1965 was 235—exactly the same figure as that at the close of the previous year. The number of recorded visits was 3,427 against 3,398 in 1964. The small increase was due to a slightly better staffing position. For the greater part of the period two full-time and two part-time occupational therapists were in post—equal to three full time. The problem of finding a new head occupational therapist remains unresolved in spite of repeated advertising. The reason is simply a national shortage of qualified persons. In the circumstances it is pleasing to be able to report that sale of patients craftwork also increased.

### **Social Clubs**

A year ago mention was first made of the setting up of clubs, to meet monthly, for the purpose of bringing together people who have a common interest—that of restricted opportunities to join in communal activities by reason of physical disablement. The Clubs have proved to be an unqualified success and membership is continually increasing.

Many outings by coach and private transport have been organised and other forms of entertainment have been provided. The Clubs are run, in the main, by ladies of the Committee and their friends with the co-operation of the British Red Cross Society and the County Welfare Department. An additional Club has now been opened in Falmouth making five in all but there is a long way to go before saturation point is reached. Wide scope exists for the opening of Clubs in the Eastern part of the County.

### **Workshop for the Disabled**

During the year the Workshop was visited by Lt.-Commander Style, Chairman of the Ministry of Labour's National Advisory Council on the employment of the Disabled. He was accompanied by Mr. W. Simm, Assistant Regional Controller. The general arrangements for the employment of the disabled were reviewed with particular reference to the Ministry's attitude to a proposal to expand the facilities which already exist at the Association's workshop. Lt.-Commander Style expressed satisfaction with all he saw and heard and felt sure the Ministry of Labour would lend all possible support to an approved plan for the workshop's extension. The County Council has agreed in principle to participate in the scheme and



it is confidently expected that plans for a new purpose-built building will soon be on the drawing board.

### Holidays

Once again it is possible to report progress. The maximum number of beds allocated to the Association at the Westward Ho! Holiday Camp were filled (with one exception which was due to a last minute cancellation) and in addition thirty patients enjoyed a splendid holiday at the Pentargan Hotel Falmouth. In all nearly fifty men and women were given the holiday most suited to their disabilities. The success of both holidays was in large measure due to the co-operation of the County Welfare Department, the British Red Cross, St. John's Ambulance Brigade and Rotary Clubs throughout the length and breadth of the County. Nor must we omit an acknowledgment of the generous help given by the organisations, members and friends who provided coach and car outings and entertainment.

The following tables give details of visits paid, sales etc. over the past two years.

			1964	1965
Sales	...	...	£1,630	£1,711
Total visits	...	...	3,398	3,427
New cases	...	...	29	26
Cases Closed	...	...	33	26
Patients on the Register at 31st December	...	...	235	235

### Age Grouping

			Male	Female
Under 16 years	...	...	1	—
16—30	...	...	15	10
31—50	...	...	40	28
Over 50	...	...	91	50
			—	—
Patients on the Register at 31/12/65	...	...	147	88
			—	—

## FOOD AND DRUGS ACT

### REPORT OF CHIEF INSPECTOR UNDER THE FOOD AND DRUGS ACT, 1955

The County Council is the Food and Drugs Authority for the whole of the Administrative County.

During the year 3805 samples of all kinds were obtained. This number includes 101 samples of milk supplied to schools and submitted to us for examination, by the County Public Health Officers.

The summary of all the samples is as follows:—

		Taken	Locally Tested	Public Analyst	Incorrect
Milk products	...	118	87	31	9
Milk	...	2761	2684	77	30
Flour and Bread	...	33	3	30	2
Sugar confectionery	...	36	—	36	1
Cornish Pasties	...	254	209	45	16
Fruit and Vegetables	...	43	1	42	8
Fish and Meat	...	166	73	93	9
Soups and Sauces	...	16	—	16	3
Jellys and Jams	...	38	—	38	—
Cooking fats	...	37	13	24	2
Flavouring, colouring and seasoning	...	5	—	5	—
Cream	...	79	75	4	—
Ice Cream	...	109	96	13	2
Soft Drinks	...	42	3	39	6
Beers and Spirits	...	43	—	43	1
Tea and Coffee	...	13	—	13	—
Liquid Paraffin	...	1	—	1	—
Vinegar	...	5	—	5	—
Lead Opium	...	1	—	1	—
Baby foods	...	2	—	2	—
Ground Almonds	...	1	—	1	—
Honey	...	2	—	2	—
		<hr/> 3805	<hr/> 3244	<hr/> 561	<hr/> 87

The Public Analyst (E. Voelcker, Esq., A.R.C.S., F.R.I.C.), reported that of the 561 sample sent to him for analysis 65 were either adulterated or were otherwise irregular.

Fifteen prosecutions were undertaken and convictions recorded in all but one case.

Thirty two further offences were reported but the circumstances did not warrant legal proceedings. In seventeen instances cautions were issued and it was decided that no further action need be taken with the remainder.

One firm of sausage manufacturers were reported (and subsequently convicted) no less than three times during the course of the year for selling sausages which contained a piece of wire. The proceedings resulted in increased penalties viz: £20, £30, £40.

It may not be thought that butter is a commodity in which very much extraneous water could be found.

At least for the past 60 years the amount of moisture permitted by law has been 16% and it is indeed rare to find any samples nowadays which exceed this amount. It was therefore surprising to say the least to find a product described as butter, containing 24% or 50% more than the legal limit. The firm concerned blamed new machinery, the operation of which they had been wrongly informed.

The Magistrates imposed fines of £20 with £17.0.0. costs.

The year brought on unusual number of samples of adulterated milk viz: a total of 24 from five different producers. All the offenders were forwarding milk from farm to factory and all were prosecuted. The results being set out in the table at the end of this report.

Other prosecutions taken were in respect of ice cream deficient in fat, watered whisky and milk deficient in fat.

The latter case was ultimately dismissed by the Magistrates because the complainant, a dairyman, was shown to have known that certain bottles of milk did not in fact contain Channel Island Milk (4% fat) as he alleged. There would appear no doubt that because the bottles in question were closed with gold coloured cap he chose to believe, and of course to sell, them as Channel Island.

This incident raises the question of the colour of the foil closures and whether or not they convey or purport anything to the purchaser. For a long time in some areas plain (aluminium colour) caps have been used for Pasteurised milk and various other colours to indicate other varieties.

When the Ministry drew up the first draft of the order to permit VHT milk it was suggested the bottle tops should be green.

It is a pity this was not adopted because an opportunity was lost in getting uniformity of colour e.g., VHT green, Pasteurised plain, Channel Island gold and so on.

In cases of food containing foreign bodies the following were investigated. Mould in bread, mould on apple pie, green alkali in milk, rodent excreta in haricot beans, bread containing pin, paper in Luncheon meat, black substance in milk (2), Metal foil cap in milk, partially decomposed Corned Beef, a parasitic worm in Cod fillet, red staining in bread, charred pastry in pork pie, mould in cake, maggots in dried fruit, glass in milk, steel bolt in sultanas, mould in chicken and lamb pie, pupae in lemonade, insect in bread, rodent marks on chocolates, mould on sausage roll, metal staining on Luncheon meat.

Each and every complaint of this kind needs very careful investigation and legal proceedings were instituted in some instances while cautions were issued in others.

It is now three years since the Report on meat pies (including Cornish Pasties) was produced by the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food and recommended standards for meat content. A standard has yet to be made.

Samples of Cornish Pasties still show a wide variation in meat content and a number have fallen well below the suggested standard of 12% meat.

Flour and sugar confectionery for which is used the word "butter" to describe the goods are considered to be incorrectly described if the whole of the fat used in manufacture is not milk fat.

During the year it was decided that the question of butter descriptions should be forwarded to the County Councils Association with a view to the matter being brought before the Local Authorities Joint Advisory Committee to eventually produce a workable Code of Practice.

Other items investigated during the year were "Super" Ice Cream, Lead Opium Lotion, milk deficient in fat, water in whisky and orange squash deficient in sugar, appropriate action was taken following adverse reports by the Public Analyst.

## SANITARY CIRCUMSTANCES

### REPORT OF COUNTY PUBLIC HEALTH OFFICER

#### MILK AND DAIRIES ADMINISTRATION

##### Milk (Special Designation) Regulations

During 1965 the number of registered dairy herds in the County fell from 5,788 to 5,572, and producer-retailers from 378 to 363. The total milk yield (excluding producer-retailers for whom separate figures are not available) and the number of attested dairy cattle both increased; the former by 2,107,000 gallons to 67,187,000 and the latter by 1,650 to 97,650.

Liquid milk cannot be sold by retail unless the dairyman holds a licence issued by the Ministry of Agriculture, Fisheries and Food or the County Council. The Ministry license producer-retailers and the County Council all other milk dealers. The number of licences issued by the County Council and in operation on the 1st January, 1965, was 925; during the year a further 166 were granted and 108 cancelled, bringing the total at the 31st December to 983.

Before a licence is issued the County Council must be satisfied that the applicant's arrangements for the treatment, handling, storage and distribution of milk comply with all relevant milk and dairies legislation. Thereafter routine inspections are made of the dairies and retailing vehicles, and at the end of each prescribed period every dairy is subjected

to a detailed inspection before the licence is renewed for a further five years. The first licensing period under the existing Regulations expired on 31st December, 1965, and work on the quinquennial review of all dairies was carried out during the last quarter of the year. Major works of reconstruction, including the installation of cold stores, were undertaken at 13 dairies during the year, and minor improvements completed at 34 others.

The Regulations prescribe the grades of milk that may be sold, and the tests to which such milk shall be subjected. Until the 1st October 1965 the only grades permitted were "Untreated", "Pasteurised", and "Sterilised", but on that date the Milk (Special Designation) (Amendment) Regulations, 1965, came into operation permitting a new designation "Ultra Heat Treated". This description is applied to milk which has been raised to a temperature of not less than 270° Fahrenheit for not less than one second; milk processed in this manner must satisfy a colony count test. The milk is packed under aseptic conditions into polythene lined cartons, and should maintain its quality in the unopened container for at least one month even without refrigeration. By the end of the year two licences had been issued for the sale of this grade of milk.

Samples of milk are purchased from dairymen or taken from processing plants and submitted for examination by the Director of the Public Health Laboratory at Truro. The following table is a summary of the laboratory reports on all samples examined on behalf of Cornwall County Council during 1965.

Grade of Milk	No. of Samples	Phosphatase Test		Methylene Blue Test		Turbidity Test	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	... 1135	805	—	1112	23	—	—
				10 void			
Untreated	... 163	—	—	123	33	—	—
				7 void			
Sterilised	... 86	—	—	—	—	86	—
Ultra Heat Treated	1	—	—	—	—	—	—

Grade of Milk	Colony Count Test		Percentage of Failures
	Passed	Failed	
Pasteurised	...	—	2.0
Untreated	...	—	20.2
Sterilised	...	—	—
Ultra Heat Treated	1	—	—

Phosphates and turbidity tests indicate whether the pasteurising and sterilising processes have been properly carried out. The Methylene Blue test determines keeping quality, and the colony count is prescribed for "Ultra Heat Treated" milk.



The low percentage of pasteurised and sterilised milk sample failures is an indication of the excellent hygienic methods of processing, bottling and retailing adopted by the dairy industry; it also demonstrates the value of regular dairy inspections and frequent milk sampling by the County Public Health Officer's staff. Unfortunately the sampling record of untreated milk falls far below that of the pasteurised grade. Most of the untreated milk sold in Cornwall is retailed by producer-retailers licensed by the Ministry of Agriculture, Fisheries and Food whose officers are responsible for ensuring satisfactory methods of milk production at the farm, and sample failures are reported to the Divisional Milk Officer. It is a matter of some concern that despite the efforts of the Ministry officers one out of every five samples of raw milk taken by the County Milk Sampling Officer during 1965 failed the statutory keeping quality test.

Approximately 90% of all milk retailed in Cornwall is pasteurised, and the County Council as licensing authority is responsible for the inspection and supervision of the milk factories where this treatment is carried out. In a large modern pasteurising dairy almost every process is automated and milk passes through the various stages from churn to bottle untouched by hand. At the seven dairies in the County licensed to pasteurise milk approximately 36,000 gallons are processed and bottled daily, with a 50% increase during the peak summer holiday season. Of the total gallonage pasturised about 95% is treated at four dairies using the "High Temperature Short Time" (H.T.S.T.) method and the remaining five per cent at three smaller establishments relying on the "Positive Holder" process. In the holder process milk is held at a temperature of between 145° and 150° Fahrenheit for thirty minutes, but this form of treatment has been largely superseded by the H.T.S.T. technique in which milk is heated to 161°F. for 15 seconds. In both systems the milk immediately after pasteurisation is cooled to a temperature not exceeding 50°F. At this stage it has an excellent keeping quality and is free from pathogenic bacteria.

One dairy in the County is licensed to sterilise milk and during the year about 800 gallons per day were treated by this process. Sterilisation is achieved by stacking the filled bottles in a special chamber and raising the temperture to 235°F. for about 20 minutes. Every stage of pasteurisation and sterilisation is checked by the County Public Health Officers and samples of milk taken from various points along the production lines are examined in the Public Health Laboratory at Truro. Bottle washing machines are also included in the inspection routine, and specimen washed bottles are submitted for sterility tests. All but two of the bottles examined during 1965 complied with the standard of cleanliness recommended by the Ministry of Health. In both cases the washing machines from which the unsatisfactory specimens were taken were subsequently overhauled and reconditioned by the dairy companies concerned. The seven pasteurising dairies in Cornwall between them wash more than a quarter of a million

bottles every day and some of the machines used for this purpose deal with over 200 bottles per minute. At this speed of operation there is always a risk that an improperly cleansed bottle will pass through the machine undetected, particularly as reliable mechanical means of rejecting dirty bottles have not yet been developed. Responsibility for ensuring that all bottles used for milk are thoroughly cleansed rests with the dairy management, and any failure on their part renders them liable to prosecution for a breach of the Milk and Dairies Regulations. One dairy company was fined £10 with £6.2s.0d. costs for selling milk in a dirty bottle.

### **Milk Sampling — Dairy Herds**

**Antibiotics** — Although the general farming practice of controlling mastitis in dairy herds by injecting antibiotic preparations into the udders has been of inestimable value in curing infected animals, it has also caused some concern to health authorities. The presence in milk of any antibiotic is undesirable because of the possible ill effects on the health of a few individuals in the population. The dangers to health are of three types. Firstly, there is the risk that the consumption of small quantities of antibiotics in milk may result in some people becoming sensitised, so rendering them subject to severe reaction if therapeutic doses of these drugs are required later. Secondly, there is the danger of allergic reaction, particularly skin rashes, appearing in a few people who are already highly reactive to penicillin: such reactions can result from the consumption of milk containing very small quantities of this antibiotic. Thirdly, strains of penicillin-resistant staphylococci that cause bovine mastitis are alleged to be increasingly common and there is a danger on this count that any illness such organisms may cause in man may not respond to treatment with penicillin. For these reasons dairy farmers are recommended not to sell for human consumption any milk taken from cows within 48 hours of treatment with antibiotics. The Ministry of Agriculture, Fisheries and Food and the Ministry of Health have suggested an antibiotic limit for milk, and in November, 1965 the Director of the Public Health Laboratory at Truro undertook to include antibiotic detection as part of his milk testing service. By the end of the year 95 milk specimens had been examined; all were within the permissible limit.

**Brucellosis** — Approximately 10% of all milk sold by retailers in Cornwall is untreated and has not been subjected to any process capable of destroying pathogenic bacteria. The disease organism most likely to be present in raw milk is *Brucella Abortus*, the cause of contagious abortion in cattle and undulant fever in man. Samples of raw milk from the herds of producer-retailers are examined for the presence of brucella organisms as part of the milk testing service undertaken by the County Council. Of 98 dairy herds investigated during 1965 ten were found to contain a total of 63 diseased cows.

The routine procedure for brucellosis detection is for a sample of the bulked milk from a dairy herd to be subjected to a screening test (Milk Ring). When this proves positive, specimens of milk are taken from every animal in the suspect herd and subjected to further laboratory tests which include culturing the organisms on specially prepared plates (Direct Culture), and inoculating guinea pigs. If brucella organisms are found in any milk supply a ban is imposed on the sale of "Untreated" milk until the herd is free from infection.

Five cases of human brucellosis were reported to the department during the year. The patients (three children and two adults) were from four families; all drank raw milk. The subsequent investigation of the dairy herds that might have been responsible demonstrates the difficulty of tracing the source of infection in cases of human brucellosis.

Cases Nos. 1 and 2 (two children—one family). The regular milk supply was obtained from a producer-retailer with a small dairy herd of nine cows. The milk from each of these animals was examined on a number of occasions, but apart from a specimen from one cow that reacted slightly to the screening test all samples proved negative. The cow that reacted to the screening test was slaughtered and sections of the udder and spleen were subjected to a detailed investigation by the Director of the Public Health Laboratory; the *Brucella* organism could not be isolated. The patients might have contracted the disease whilst on holiday at a farm in another county, but an investigation of the dairy herd concerned proved negative.

Case No. 3 (one child). The regular milk supply was obtained from the same producer-retailer as Cases 1 and 2 above. The patient could have contracted the disease as a result of drinking raw milk whilst on holiday at a dairy farm in East Cornwall, and in view of this possibility the 71 cows in the herd were investigated and milk specimens submitted for laboratory examination. The herd had a recent history of severe abortion, and the Director of the Public Health Laboratory's report confirmed that 27 animals were infected.

Case No. 4 (one adult). This patient drank untreated milk supplied by a producer-retailer owning three cows. Samples taken from each animal indicated that one cow was diseased.

Case No. 5 (one adult). Milk samples taken from each cow in the dairy herd of the producer-retailer supplying this patient indicated a widespread brucellosis infection. The dairy farmer, acting on the advice of the veterinary officers of the Animal Health Division of the Ministry of Agriculture, Fisheries and Food, and his own private veterinary surgeon, undertook to eradicate every suspect animal in the herd. After prolonged testing 16 out of 41 cows were accepted as being free from infection; the



remainder have been segregated into a separate herd from which all milk is sent to a processing plant for heat treatment.

Altogether 17 dairy herds were investigated in connection with these cases, and a total of 53 infected cows were identified. The District Medical Officer of Health banned the retail sale of all raw milk from two herds, and two other retailers voluntarily stopped selling untreated milk. The infected animals have either been slaughtered, or segregated and the milk diverted for heat treatment.

The following table is a summary of all laboratory reports on milk samples submitted for examination during 1965.

Laboratory Test	No. of samples reported			Total milk specimens examined
	Positive	Negative	Void	
Milk Ring Test	146	657	—	803
Direct Culture	65	859	54	978
Guinea Pig Inoculation	26	32	—	58

## SCHOOLS

### School Canteens and Central Kitchens

Hygienic methods of food preparation and handling are demanded of all kitchen staff employed by the County Council, and at the end of a year in which considerable publicity has been given to food hygiene following the Aberdeen typhoid outbreak it is encouraging to report that not a single case of food poisoning has occurred in Cornwall as a result of children eating school meals. The standard of hygiene and condition of equipment at every kitchen inspected during the year was above the legal requirements of the Food Hygiene Regulations.

The number of children eating cooked meals at school each day increased from 32,215 in 1964 to 33,709 during the present year; thus approximately 10% of the total residential population of the county has its mid-day meal prepared in a school kitchen. No other catering organisation in Cornwall operates on this scale.

Maintaining school kitchens and serveries in first class condition involves the Education Authority in considerable expense and during 1965 £39,000 was spent on new kitchens or improvement schemes.

Four complaints of food not being of the nature and substance demanded were investigated by the Chief Inspector of Food and Drugs, and in three instances legal proceedings were taken against the suppliers. Two of the complaints related to wire in sausages, one to maggots in dried fruit, and one to margarine containing a hair net.

### **Milk in Schools**

The 325 maintained and 33 non-maintained schools in the county are supplied with Pasteurised milk in 1/3rd-pint bottles. The proportion of children taking milk in the Infants schools is 87%, but thereafter the percentage declines to 44% in the secondary schools. A comparison of 1,341 boys and 1,475 girls in County Grammar Schools showed that 48.47% of the boys drank milk but only 36.61% of the girls; presumably boys and girls in their teens take differing views of the beneficial effects of milk.

Milk delivered to schools is tested for keeping quality by the Director of the Public Health Laboratory, Truro, and for chemical composition by the Chief Inspector of Food and Drugs. For the second successive year not one sample has failed the statutory tests, a sure indication of the excellent quality of milk pasteurised and retailed in Cornwall.

Four complaints were received by the Chief Inspector of Food and Drugs that bottles containing school milk were delivered in an unsatisfactory condition. Two of these complaints related to foil caps inside the bottle, one to glass splinters in the milk, and one to a staining around the top of the bottle. After detailed investigations warning letters were sent to the dairies concerned.

### **Water Supplies in Schools**

Of the 325 maintained schools in the county only nine do not have a piped supply of water from public mains. Water main-laying schemes proposed or in progress should enable this total to be reduced to six in the reasonably near future, but the remainder will probably form a hard core of schools compelled to rely on local or private sources for several years to come.

The bacteriological quality of drinking water at maintained schools is tested by the Director of the Public Health Laboratory at Truro. In his report on all samples taken from schools during 1965 he stated that only three were unsatisfactory. Of these, two were from schools connected to public mains and one from a school with its own private well supply. The sources from which the unsatisfactory samples were obtained were investigated and remedial action carried out forthwith, in the first instance by the water undertakings concerned, and in the second by the County Council.

### **School Swimming Pools**

Parents, not only in Cornwall but throughout the country, consider a school swimming pool a valuable addition to physical education equipment and are prepared to contribute considerable sums of money towards the cost of providing and installing these units. Cornwall County Council are prepared to assist in these projects by contributing towards the capital cost, giving technical advice, and by taking over responsibility for maintenance on completion. The Council's general policy on pools is —



1. Grants shall be limited to 25% of the tendered cost of approved pools.
2. Grants shall be based on the cost of approved learner or shallow type pools without diving facilities. Additional costs to be borne by the local sponsors.
3. The pools will become the property of the Education Authority, who will be responsible for their maintenance.

The first swimming pool to be installed in a maintained school in Cornwall was completed in 1961; by the end of 1963 the number had increased to two, by 1964 to seven, and at the end of 1965 twelve pools had been completed and were in operation. One other pool of 50,000 gallons capacity was under construction.

In addition to those schools which enjoy the use of their own pool, ten use a private swimming pool at Carlyon Bay, one a pool at a Royal Naval shore establishment at Torpoint, and one a privately owned open-air heated pool belonging to and situated in the garden of a local resident at Gwinear. Children from twenty-one schools receive swimming instruction in public baths at Launceston, Bude, and Penzance, whilst six schools at Falmouth rely on local beaches.

All pools used by school children are inspected by the County Public Health Officers, who check maintenance routine, bacteriological and chemical condition of water, and efficiency of chlorinating and filtration equipment. Instructors at each school are required to test the chlorine residual in pool water at least once during each day and record the result on an information sheet, together with a report on the general health and any infected skin condition of the pupils. These completed record sheets are returned at the end of each week to the Principal School Medical Officer.

### **Foot Infection in Schools**

Athletes' Foot and Verruca are infective conditions of the skin, liable to be contracted in schools and athletic clubs. The causative organisms are shed in scales of skin of infected persons, and can remain alive for long periods on damp floor surfaces. They can also be spread by wearing other people's stockings, gym shoes, football boots, and by sharing towels, but it is changing rooms, showers, and swimming pools that are often the major reservoirs of infection.

In schools the risk of infection can be reduced to negligible proportions by properly cleaning floor surfaces every day, and by excluding infected pupils from barefoot activities. Claims are made by certain chemical manufacturers that the use of their disinfectant will prevent the spread of foot infection, and with the co-operation of Head Teachers some of these claims have been tested at four schools during the past year. In this experiment all four schools observed the general instructions set out below, but three also included —

- (a) spraying floors and seats with a disinfecting solution in accordance with manufacturer's instructions; and
- (b) providing footbaths filled with a disinfecting solution at the entrance to showers and swimming pools.

The general instructions observed at all schools were as follows:—  
"Changing Rooms and Showers.

1. At the end of each school day all floors surfaces and seats shall be cleansed with a detergent solution and hosed down with clean water.

General.

2. Pupils must not use towels or gym shoes other than their own.
3. Physical Education Instructors shall be responsible for ensuring that pupils with dirty feet do not take part in barefoot activities.
4. Physical Education Instructors shall examine the feet of any pupil showing evidence of foot discomfort during any P.E. activity. Pupils suspected of suffering from Athletes' Foot or Verruca must not use the changing rooms or showers, nor take part in barefoot activities at the school until certified free of infection by either the School Medical Officer or a Medical Practitioner."

The School Medical Officers examined the feet of every pupil in each school at the beginning and end of the Autumn Term. Any pupil found to be suffering from either Athletes' Foot or Verruca was excluded from all barefoot activities until certified free of infection by a medical practitioner. The "before and after" results of these examinations were as follows:—

			Autumn Term	
			Beginning	End
School 1: Cleansing routine and disinfecting solution "A"				
No. of pupils	...	...	715	
No. of pupils with Verruca	...	...	15	14
No. of pupils with Athletes' Foot	...	...	25	2
School 2: Cleansing routine and disinfecting solution "B"				
No. of pupils	...	...	354	
No. of pupils with Verruca	...	...	12	11
No. of pupils with Athletes' Foot	...	...	6	2
School 3: Cleansing routine and disinfecting solution "C"				
No. of pupils	...	...	435	
No. of pupils with Verruca	...	...	2	1
No. of pupils with Athletes' Foot	...	...	2	10

School 4: Cleansing routine only  
no disinfectant

No. of pupils	...	...	490	
No. of pupils with Verruca	...	5		4
No. of pupils with Athletes' Foot	...	10		3

The work carried out so far indicates that a hygienic floor cleansing routine, coupled with an informed and conscientious staff ensuring that all infected pupils are excluded from barefoot activities, can effectively reduce the incidence of foot infection in any school. At this stage there does not appear to be any significant advantage in using any particular disinfectant. However, the experiment is continuing and when the programme is completed the results will be used to form the basis of a foot infection control procedure for every school in the county.

## WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

The Rural Water Supplies and Sewerage Acts 1944-1965, make provision for the County Council and Ministry of Housing and Local Government to contribute towards expenses incurred by a Local Authority in:

- (a) providing a supply or improving an existing supply of water in a rural locality;
- (b) making adequate provision for the sewerage or the disposal of the sewage of a rural locality.;

The amount of grant for any scheme is calculated according to a formula devised by the Ministry of Housing and Local Government, but in general the Ministry contribute 35% of the cost of water schemes after excluding headworks, and a similar proportion of the cost of sewerage schemes. The cost of sewage disposal works or sea outfall sewers does not qualify for grant. The County Council contribution towards the cost of any scheme is, in practice, equivalent to that made by the Minister.

There is an upper limit on the net cost for grant purposes, i.e. after excluding cost of headworks and incidental expenses, etc. The limit for sewerage schemes is £400 per property and for water supplies £300 per property. Beyond these limits the District Council concerned is required to justify the scheme.

Since 1945 grant-aided schemes exceeding approximately £8,000,000 have been carried out in the rural areas of Cornwall, and approval has been given to further projects estimated at £2,000,000. The County Council's annual contribution towards the cost of these schemes has increased from £1,374 in 1946 to £107,600 in 1965, and is demonstrated diagrammatically on page 113. The amount paid in 1965 is £7,922 less than in the preceding year, but this reduction is a temporary one unlikely to be repeated for many years to come unless there is a change in Government grant policy.

When the Rural Water Supplies and Sewerage Acts first came into operation twenty years ago few villages in Cornwall had adequate water supplies or sewerage systems, and the local pump and bucket closet were generally accepted as being part of the rural scene. The Rural Water Supplies and Sewerage Acts, by enabling the County Council and Ministry to contribute towards the cost of these services, have revolutionised the standard of living in country areas. The county is now covered with a network of mains that provide an adequate and wholesome water supply to almost every village and hamlet and also to a considerable number of isolated farms and small communities. The provision of these services has not only been of benefit to the agricultural population; it has also facilitated building development in areas where few if any houses had been constructed for many years. The fact that one out of every three houses built in Cornwall during 1965 was constructed in a rural district is due in no small measure to the water supply and sewerage schemes carried out in the past twenty years by water undertakings and district Councils.

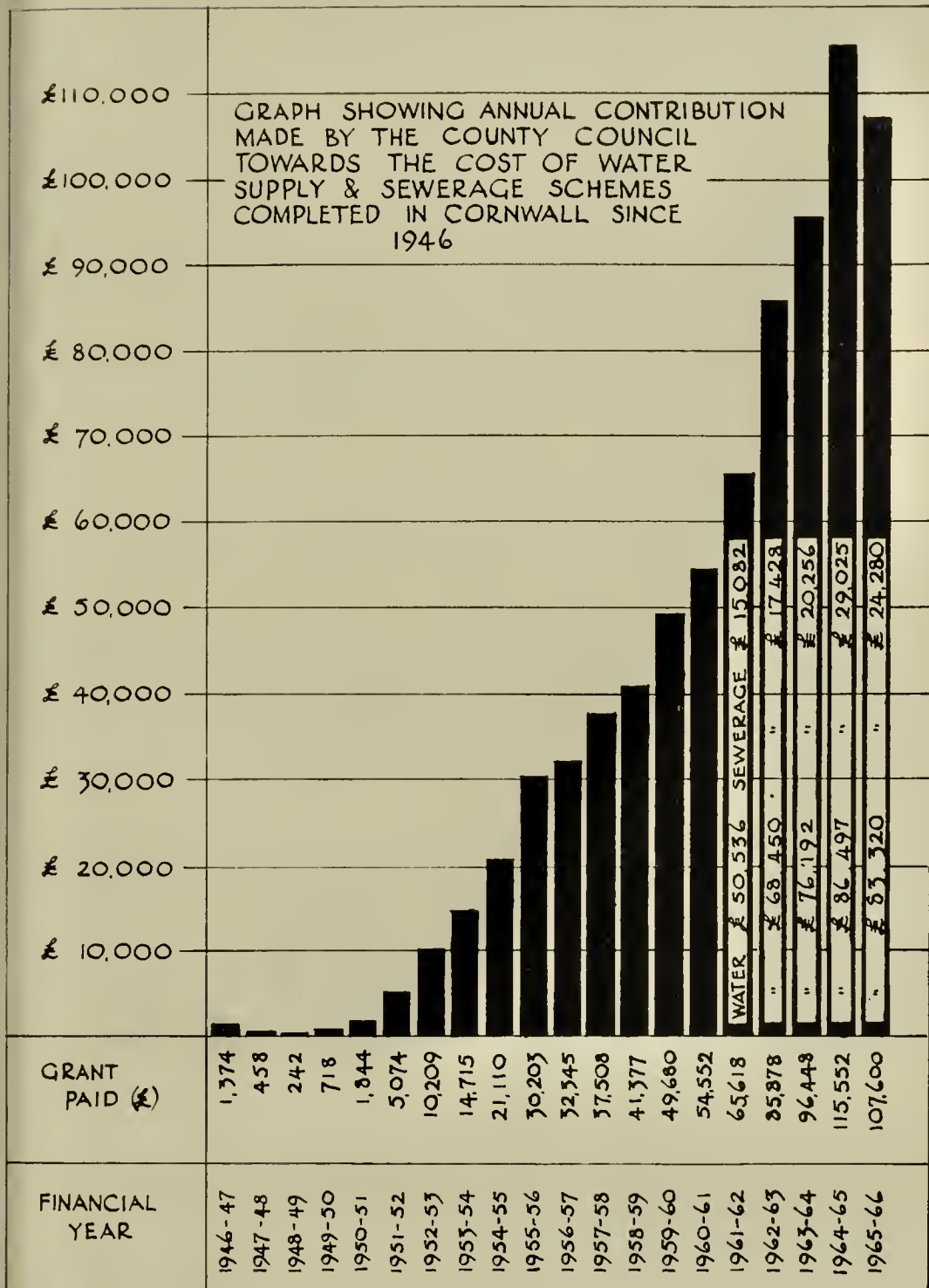
## WATER SUPPLIES

A review of the average daily water consumption in the county during the past four years demonstrates that the task of making sure that supply is at all times equal to demand represents one of the major problems faced by water undertakings. In 1962 water consumption in Cornwall averaged 15.2 million gallons per day (m.g.p.d.); in 1963, 15.417 m.g.p.d.; in 1964 16.355 m.g.p.d., and this year the total has reached 16.5 m.g.p.d.

To meet the ever increasing demand water authorities are compelled to embark on costly schemes for the development of new water sources, which in practice may take ten years or more from the date of the initial survey to final completion of the project. The Stithians impounding reservoir and treatment plant scheme, designed to add 2.9 m.g.p.d. to the water resources of Mid-Cornwall, was prepared by Consulting Engineers in 1947; it is anticipated that water from this source will be available for distribution on the 1st April, 1967. As this contract nears completion another is about to start in East Cornwall. During the year the Ministry of Housing and Local Government confirmed the East Cornwall Water Board Order, 1965, enabling that authority to proceed with a £1,136,000 project that should meet all their water requirements up to the end of this century.

All but 420,000 of the 16,500,000 gallons of water distributed through public mains each day were subjected to chemical sterilization, and where required treated to clarify or reduce corrosive properties of turbid or acidic water. Fluoridation of public water supplies is not carried out by any water undertaking in Cornwall, although the fluoride present naturally is considerably below the 1.0 parts per million (p.p.m.) recommended by medical and dental authorities as the optimum level for dental health. The histogram on page 115 indicates the natural fluoride content of water distributed in various parts of the county.







The North and Mid Cornwall Water Board Order made by the Minister of Housing and Local Government on the 30th December, 1965, provides for the transfer of responsibility for water supply and distribution from six existing water undertakings to a single Board as from 1st April, 1966. This is only part of the water reorganisation programme for Cornwall, which includes a new Water Board to take over the responsibilities of seven existing water authorities in South Cornwall; work is proceeding on preparation of the Order to bring this Board into being. Negotiations are also taking place between Bude Urban District Council and North Devon Water Board for an amalgamation of water supply and distribution functions. When the water reorganisation has been completed all water supply and distribution in Cornwall will be administered by five Water Boards.

A brief description of each water undertaking, including major improvement schemes carried out during the year, is given below:—

#### **West Cornwall Water Board**

The Board is responsible for water supply and distribution in the Boroughs of Penzance and St. Ives, the Urban District of St. Just, and West Penwith Rural District.

Water supplied by the Board averaged 2,318,474 gallons per day (g.p.d.) (1964 — 2,219,179) with a peak consumption of 3,174,000 g.p.d. during the week 1st — 7th August. Water is obtained from impounding reservoirs, streams, and mine adits, with minimum reliable yields ranging from 2.3 million gallons per day (m.g.p.d.) from the Drift Reservoir, down to 10,000 g.p.d. from the Wheal Allen mineshaft. The minimum reliable yield of all sources is estimated at 3,316,000 g.p.d.

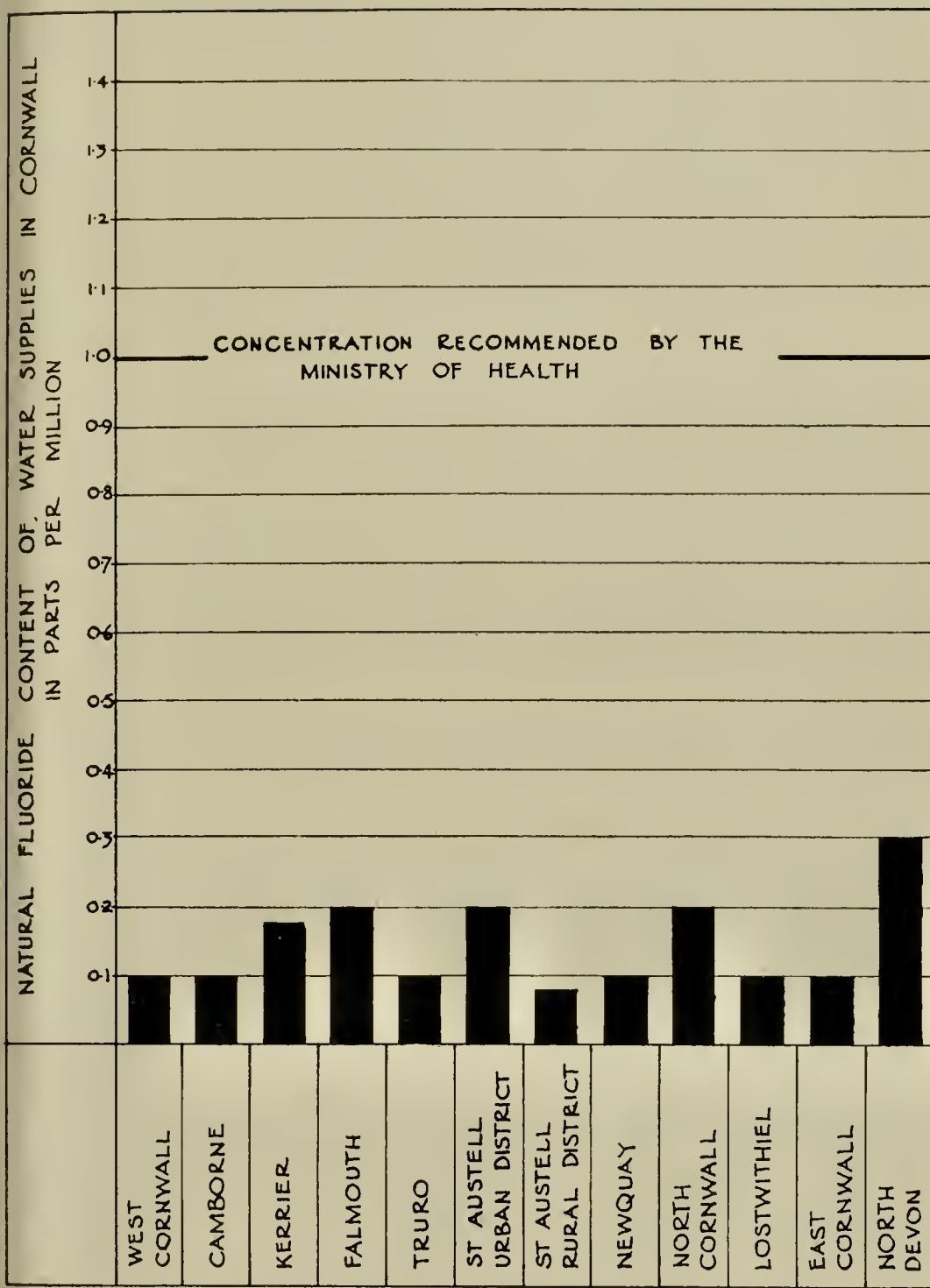
All water supplied by the Board is chlorinated, and 90% filtered and pH corrected to 8.5 before distribution.

The principal improvements and extensions completed during the year were:—

- (i) A new roof to the Carn Bosavern reservoir supplying St. Just Churchtown and Kelynack.
- (ii) A new pumphouse, pump, and surge control equipment to serve the higher levels of Hayle.
- (iii) Main renewals and extension comprising 4,545 yards of 8 in. 1,213 yards of 6 in. 2,904 yards of 4 in. and 13,612 yards of 3 in. diameter pipe.

During the year 461 new connections were made to the Board's mains.

The water supplied by the Board has a natural fluoride content of 0.1 p.p.m.



### **Camborne Water Company**

Water demand in the statutory area is not subject to the same seasonal fluctuations as in many other parts of the county, and the peak consumption of 1.24 m.g. in one day was only slightly in excess of the 1.2 m.g.p.d. average throughout the year, (1964—1,183,000).

The sources of supply of this undertaking are:—

- (i) Cargenwyn—an impounding reservoir of 30,500,000 gallons capacity and a reliable yield of 200,000 g.p.d.
- (ii) Boswyn—a 5,000,000 gallon reservoir fed by a stream and mine adit, having a reliable yield of 200,000 g.p.d.
- (iii) Penponds—a stream intake and mine adit overflow with a combined reliable yield of 1,000,000 g.p.d.

All water is pH adjusted and chlorinated, and apart from the Boswyn adit supply is also filtered before distribution.

A scheme to develop the Boswyn adit commenced during the year, and is scheduled for completion by about mid-1966. The project includes installation of four pressure sand filters, a new gas chlorinator, and 3,000 yards of 15 in. trunk main from Boswyn to Ramsgate. When the scheme is completed the maximum output of this source will be increased from 14,000 gallons per hour to 45,000 gallons per hour, i.e. just over 1,000,000 g.p.d.

During the year the Company have laid approximately 1,000 yards of small diameter main to serve new housing development, and made 240 new connections.

The natural fluoride content of the water is 0.1 p.p.m.

### **Camborne-Redruth Urban District Council**

Water consumption in the statutory area of the Urban District Council averaged 638,000 g.p.d., (1964—575,000). During the past two years water consumption has risen by nearly 28%, a rate of increase far beyond that of any other water undertaking in the county. All water obtained from the three mineshafts and three mine adit sources of supply is chlorinated before distribution and in summer about 50% is also filtered and pH adjusted.

The Council are associated with Kerrier and Truro Rural District Councils in the Stithians impounding reservoir and treatment plant scheme, and when water from this source is available it will be used to replace or augment all the Council's existing sources of supply. Initially the Urban District had been allocated 800,000 g.p.d. from the Stithians source, but at the request of the Ministry of Housing and Local Government this recently has been increased to 950,000 g.p.d.

During the year two covered pre-stressed concrete service reservoirs of 2,000,000 and 250,000 gallons respectively have been completed at Lanner Hill and Carnmarth. These reservoirs are an essential part of the Stithians water distribution scheme for Redruth and part of Camborne.

Main laying completed includes 6,350 yards of 12 in. to 6 in. diameter asbestos pipe as part of the Stithians distribution scheme, and 900 yards of 3 in. P.V.C. pipe to serve new housing development; 300 new connections were made.

Chemical tests have not been carried out to determine the natural fluoride content of the Council's sources of water supply.

### **Helston and Porthleven Water Company**

Water is obtained from three sources, comprising an impounding reservoir, a mine adit, and two streams. All water is filtered and chlorinated before being passed into the distribution system, and 84% is pH adjusted. Water consumption during 1965 averaged 565,000 g.p.d. (1964—517,055), the peak demand occurring during the week ending 27th July, when 623,600 g.p.d. were supplied from the Company's mains.

Approximately 6,000 yards of 3 in. and 4 in. diameter P.V.C. pipe were laid to serve new housing development and 550 new connections made to the Company's mains.

Chemical tests have not been carried out to determine the natural fluoride content of the Company's sources of water supply.

### **Kerrier Rural District Council**

Water consumption averaged 380,000 g.p.d., (1964—360,000) with a peak of 466,000 gallons on the 3rd August. Approximately 110,000 g.p.d. of the total water requirement is obtained in bulk from Falmouth Corporation, and the remainder from two mine adits, two boreholes, and two streams within the rural district. Apart from two of the smaller sources of supply, which are chlorinated only, all water is filtered, pH adjusted, and chlorinated before distribution.

The new impounding reservoir at Stithians was completed during April, and impounding commenced on the 30th of that month. By the end of the year the water level had risen to within three feet of the top, and it was estimated that 960,000,000 of the total capacity of 1,150,000,000 gallons had been impounded. When the reservoir is filled and the treatment plant completed 2,900,000 gallons of water per day will be available for distribution in the Camborne, Helston, Kerrier and Truro areas.

The £48,000 contract for the first stage of the Stithians treatment works, including site excavation for the treatment house and construction of



sedimentation, chemical, and washwater tanks, was completed by the end of the year. The £105,000 contract for Stage 2 commenced in mid-November and will probably be completed early in 1966. This part of the project provides for all building and construction work in connection with the treatment plant, pump rooms, chemical storage, filter area, and clearwater tanks. The pumps, filters, and chlorinator will be installed as work proceeds; the cost of this equipment, which is not included in the Stage 2 contract figure quoted above, is approximately £75,000.

Work on the 1,000,000 gallon storage reservoir at Carnmenellis was 90% completed at the end of the year. This reservoir will enable Stithians water to be distributed to parts of Kerrier Rural District and Camborne-Redruth Urban Districts, and if necessary feed a trunk main from Carnmenellis to Tregoning to replace the Helston and Porthleven Water Company's Wheal Vor source of supply.

The £117,000 trunk mains contract for conveying water from Stithians to Camborne-Redruth Urban District and Kerrier and Truro Rural Districts was completed during the year, and approximately 9,250 yards of 15 in. 4,350 yards of 12 in. and 4,000 yards of 8 in. diameter pipe has been laid.

The £142,470 main laying contract to distribute Stithians water throughout the high level areas of Stithians, Wendron, Mabe and Constantine parishes of Kerrier Rural District is proceeding, and 37,666 of the total 52,000 yards of 10 in. down to 3 in. diameter pipe has been laid.

Other water distribution schemes completed during the year include

- (i) A 1,235 yard small diameter branch main from Bridge to Mount View to serve four farms and two bungalows;
- (ii) Approximately 1,530 yards of 4 in. diameter spun iron pumping main from the Falmouth Corporation treatment works at College to Mabe Burnthouse; this main has increased by 55,000 g.p.d. the quantity of water available for distribution in the Stithians, Ponsanooth, and Mabe areas.

The natural fluoride content of water supplies in the Kerrier Rural District is 0.18 p.p.m.

### **Falmouth Borough Council**

Falmouth Borough Council are responsible for water supply and distribution in Falmouth, Penryn, and parts of Kerrier and Truro Rural Districts. Water demand throughout the year averaged 1,310,000 g.p.d., (1964—1,392,000) well within the 2,100,000 g.p.d. minimum reliable yield of the Council's water source. The water, gathered from gravel and peat sub-soil, is impounded in two large reservoirs and before passing into the distribution system is filtered, pH adjusted, and chlorinated.



The natural fluoride content of the Falmouth Borough water supply is 0.2 p.p.m.

### **Truro Rural District Council**

Water consumption in the area supplied by the Council averaged 1,003,000 g.p.d. (1964—967,028 g.p.d.) Of this quantity 113,000 gallons were obtained from the Truro and Newquay Water Companies, and 890,000 gallons from the seven sources of supply owned by the Council. All water is chlorinated and approximately 85% filtered and 65% pH adjusted before distribution.

The principal water main extensions and improvement contracts completed during the year were —

- (i) Approximately six miles of 8 in. and 3 in. diameter distribution main to improve water supply in the village of St. Agnes and the surrounding area.
- (ii) Approximately 4,500 yards of 3 in. diameter pipe to supply mains water for the first time to thirty-five dwellings and four farms in the hamlets of Porth Kea and Coombe Creek.
- (iii) A water augmentation scheme for the Shortlanesend area. This project included a new booster station at Kenwyn, Truro, and 1½ miles of 6 in. diameter main laid to an elevated storage tank at Shortlanesend.
- (iv) A one mile water main extension to serve twenty properties in the hamlet of New Mills.

In addition to the foregoing, approximately 3,698 yards of small diameter pipe was laid to serve housing development schemes, and 358 new connections made to the Council's main.

Chemical tests have not been carried out to determine the natural fluoride content of the public water supplies in the Rural District.

### **Truro Water Company**

Water supplied during 1965 averaged 730,000 g.p.d. (1964—710,000). The Company's water sources consist of an intake of the Trevella stream, supplemented by intakes on the Rivers Allen and Tresillian. The combined reliable yield from these sources is 1,250,000 g.p.d. All water is filtered, superchlorinated, dechlorinated, and pH adjusted to between 7.8 and 8.0 before distribution.

During the year new electrically driven 150 h.p. pumping plant was installed to pump treated water from the works into the distribution system, and approximately 2,000 yards of small diameter main was laid to supply new housing development. New connections to the Company's mains totalled 179.

The natural fluoride content of the Company's water supply is less than 0.1 p.p.m.

#### **North and Mid-Cornwall Area**

The North and Mid-Cornwall Water Board Order, 1965, was made on the 30th December and provides for the transfer of all water supply and distribution functions of existing water undertakings in the Mid-Cornwall area to a single Board as from 1st April, 1966. The water undertakings involved in this transaction are — Newquay Water Company, North Cornwall Water Board, Fowey and Lostwithiel Boroughs, St. Austell Urban District, St. Austell Rural District, and part of Truro Rural District.

Details of the water sources and major improvements carried out by these undertakings during 1965 are as follows.

#### **Newquay Water Company**

The amount of water supplied by the Company through public mains averaged 990,000 g.p.d. (1964—1,000,000 g.p.d.), with a peak of 1,918,000 gallons on the 26th July. Approximately 75% of the water is obtained from upland surface areas, and the remainder from a disused mine; all water receives full treatment by filtration, pH adjustment, and chlorination.

During the year 800 yards of 8 in. diameter trunk main were laid from an existing main at Trenance Hill to the Mount Wise service reservoir as part of the Company's water augmentation programme for Newquay.

The natural fluoride content of the Company's water supply is less than 0.1 p.p.m.

#### **North Cornwall Water Board**

The Board is responsible for water supply and distribution in Bodmin Borough, Padstow Urban District, and Camelford and Wadebridge Rural Districts. Water consumption during the year averaged 1,890,000 g.p.d. (1964—1,935,000) of which 1,212,000 gallons were fully treated, 558,000 chlorinated only, and 120,000 gallons untreated.

The North Cornwall Water Board Order, 1964, came into effect during the year and increased the quantity of water that may be abstracted from the De Lank River from 1,250,000 g.p.d. to 2,000,000 g.p.d., thereby raising the minimum reliable yield of all the Board's sources from 2,350,000 g.p.d. to 3,100,000 g.p.d.

The principal improvement schemes in progress or completed during the year were —

- (i) Additional sedimentation and filtration tanks and equipment at the De Lank water treatment plant to increase the output from 1,250,000 to 2,000,000 g.p.d.—50% completed.
- (ii) A new high level clearwater tank of 300,000 gallons capacity at De Lank works. This tank will enable an additional 750,000

g.p.d. to be discharged through the De Lank, Bodmin, and Padstow trunk mains—75% completed.

- (iii) Installation of 2,400 yards of 10 in. and 9 in. diameter trunk main from Delabole to Pendoggett to augment water supplies in the Polzeath, Rock, and Trebetherick areas by about 500,000 g.p.d.—completed.
- (iv) A new 250,000 gallon service reservoir at St. Endellion to enable the Board to meet increased water demand at peak holiday periods—completed.
- (v) Approximately 3,600 yards of 4 in. 370 of 3 in. diameter P.V.C. pipe, a 5,000 gallon service reservoir and small booster pump to provide mains water for the first time to twenty-one properties in the hamlet of Hallworthy.
- (vi) Approximately 2,000 yards of 4 in. and 100 yards of 3 in. diameter P.V.C. pipe to supply mains water for the first time to twenty-one properties in the hamlets of Little Kirland and Tregullen.
- (vii) In June, 1965, work started on the installation of a 5 ft. high concrete weir across the River De Lank to facilitate abstraction of the additional 750,000 gallons of water per day permitted by the North Cornwall Water Board Order, 1964. By the end of the year the contract was 50% completed.

The natural fluoride content of the water supplied by the Board is 0.2 p.p.m.

### **Fowey Borough Council**

Water consumption within the Borough averaged 141,000 g.p.d. (1964—160,000), and the whole of this quantity was obtained from the intake on the River Fowey near Lostwithiel, which also supplies Lostwithiel Borough, and the Rural and Urban Districts of St. Austell. All water is fully treated before distribution.

Chemical tests have not been carried out to determine the natural fluoride content of this water supply.

### **Lostwithiel Borough Council**

Water consumption averaged 105,000 g.p.d. (1964—105,000), of which approximately 30,000 g.p.d. were obtained from springs at Collibeacon and a mine adit at Church Park Wood, and the remainder from the Fowey River Intake. All water supplied is fully treated before distribution.

The natural fluoride content of the water obtained from the Borough's own sources of supply is less than 0.1 p.p.m.; no information is available regarding that of the Fowey River.

### **St. Austell Urban District Council**

Water consumption averaged 1,403,000 g.p.d. (1964—1,370,000), of which 1,075,000 gallons were obtained from the Fowey River Intake and 328,000 gallons from the Council's borehole at Hallaze. Small quantities of water are also purchased from and sold to St. Austell Rural District Council.

All water from the Fowey River source is filtered, chlorinated, and pH adjusted, whilst that from Hallaze is chlorinated only.

During the year approximately 4,700 yards of 6 in. 4 in. and 3 in. diameter pipe have been installed either as mains renewals or extensions to serve new housing development, and 297 connections made to the Council's mains.

The natural fluoride content of the water from the Council's own source of supply is 0.2 p.p.m.; no information is available regarding that of the Fowey River.

### **St. Austell Rural District Council**

Water is obtained from the Fowey River Intake, mine adits, and bulk supplies from the Truro and Newquay Water Companies. In addition approximately 5,000 gallons each day are purchased from and 4,000 gallons sold to St. Austell Urban District Council. Water consumption during the year averaged 632,000 g.p.d. (1964—588,000), of which 394,000 gallons were fully treated, 198,000 gallons chlorinated only, and 40,000 gallons untreated.

The principal water supply improvements and mains extensions undertaken during the year were —

- (i) Installation of 5½ miles of 8 in. and 4 in. diameter P.V.C. and ductile iron pipe from Hendra to St. Dennis, extension of pumping station, new pumps, and modernisation of control equipment. The effect of this work will be to improve water supply and distribution in the Foxhole, Meledor, and St. Dennis areas—60% completed.
- (ii) Approximately 1,500 yards of 3 in. diameter P.V.C. pipe to supply mains water for the first time to eleven dwellings in the hamlet of Criggan.
- (iii) Mains renewals and extensions totalling 1,600 yards to serve new housing development, and 330 yards of 3" existing spun iron pipe scraped and relined with bitumen. During the year 360 new connections were made to the Council's mains.

The natural fluoride content of the water supplied within the Rural District is 0.08 p.p.m.



## East Cornwall Water Board

The Board is responsible for water supply and distribution in the Boroughs of Liskeard, Launceston, and Saltash; Urban Districts of Looe and Torpoint, and Rural Districts of Launceston, St. Germans, and Liskeard. Water consumption during the year averaged 2,600,000 g.p.d. (1964 — 2,500,000).

The Board's water sources consist of two spring impounding reservoirs, one surface impounding reservoir, seven boreholes, one shallow well, three springs, three river or stream intakes, two groups of mine adits, and one spring supply for industrial use only; they also take a bulk supply from Plymouth Corporation. Water from four of these sources, supplying about 10% of the total output, is untreated, but the remainder is chlorinated and about 70% is also filtered and corrected for pH.

The East Cornwall Water Board Order, 1965, made on the 16th March, authorised the construction of a river regulating reservoir on the Sibblyback Brook, a tributary of the River Fowey; a pumping station and 15" pumping main to transfer water from the reservoir to the Withey Brook; a new intake on the Withey Brook; extension of the Bastreet treatment works to increase output from 1,000,000 g.p.d. to 2,000,000 g.p.d., and a 1,000,000 gallon service reservoir at Bastreet. The effect of these works will be to increase the reliable yield of the Trekievesteps intake on the river Fowey below the new reservoir to 2,500,000 g.p.d. and the intake on the Withey Brook at Bastreet above the new reservoir to 2,000,000 g.p.d. When this scheme is completed the Board will have, with the bulk supply from Plymouth, adequate water resources to meet their estimated water requirements until the end of the century. The Minister of Housing and Local Government has authorised expenditure of £1,346,400 on the Sibblyback Reservoir, trunk mains, and service reservoirs, and the contract will begin in 1966.

The principal water improvement schemes in progress or completed during the year were as follows:—

- (i) A contract for the complete renewal of mains and service pipes in the Kelly Bray area commenced in June, 1965. The scheme includes an extension to provide a piped water supply for the first time to seventeen properties in the nearby hamlets of Old Mill and Ireland. Installation of an auto-pneumatic booster will enable the area to be supplied with fully treated water from the Board's major source at Bastreet instead of the existing inadequate and untreated supply from the Kit Hill mine adit. When the scheme is completed the Kit Hill adit source will be abandoned.
- (ii) Approximately eight miles of the 8"—3" diameter main included in Stage II of the Looe Water Distribution Scheme was



installed by the end of the year. This scheme, designed to improve water supply in Looe and eliminate waste due to defective mains, will be completed by Easter, 1966, when all mains and service connections have been transferred to the new system.

- (iii) Installation of 2,200 yards of 4" diameter pipe to replace corroded, leaking, and inadequate mains and services at Kingsand and Cawsand—completed.
- (iv) Provision of a temporary 5,000 gallon sectional steel tank auto-pneumatic booster, and 6,600 yards of 6" and 4" pipe to augment water supply in the high level area of Polperro and replace old and defective mains in the centre of the village—90% completed.

During the year a total of 552 new connections were made to the Board's main.

The natural fluoride content of the water supply in the Board's area is 0.1 p.p.m.

#### **Stratton Rural District**

North Devon Water Board are responsible for water supply and distribution in eight out of the ten parishes in the Rural District. Water is obtained from river intakes at Prewley and Belstone in Devon, and boreholes at Grimscott and St. Gennys in Cornwall. The borehole at Jacobstow was closed during the year. The yield of the Grimscott village borehole was inadequate to meet demand during four weeks of the year, and for this period the Board augmented supplies by carting 8,000 gallons per week to the village.

Water consumption throughout the district averaged 113,000 g.p.d. (1964 — 106,000), of which approximately 100,000 gallons were obtained from sources in Devon and 13,000 from those in Cornwall. Water from Prewley and Belstone is fully treated before distribution, whilst that from the boreholes at Grimscott and St. Gennys is chlorinated only.

The principal schemes in progress or completed during the year were—

- (i) 8,200 yards of 6" diameter pipe from Caudworthy in Devon to Jacobstow in Cornwall. This main forms part of the southern loop of the future perimeter trunk ring main for the Rural District—completed.
- (ii) Approximately 1,800 yards of 3" diameter pipe was laid from Brownspit Cross to Gooseham to supply thirteen properties with mains water for the first time—completed.
- (iii) Approximately 3,000 yards of 10", 240 yards of 9" and 2,200 yards of 6" diameter trunk main from Tamarstone Bridge to

Hersham, with 4" diameter branches totalling 2,970 yards to the hamlets of Leigh and Prustacott. This scheme includes part of the major trunk mains for supplying the Rural District—50% completed.

- (iv) Approximately 5,400 yards of 6" and 4" diameter pipe forming a link between an existing trunk main at Maxworthy in Devon with one at Wilsworthy in Cornwall. This scheme forms part of the southern loop of the perimeter ring main for the Rural District and also services eleven agricultural and domestic properties—25% completed.
- (v) A 1,150 yard small diameter main extension from Boot to Uplands to serve eight properties for the first time—completed.
- (vi) Approximately 3,700 yards of small diameter main from Stursdon Cross to South Stursdon to serve five farms—completed.
- (vii) Approximately 10,500 yards of 4" and 3" diameter main to supply seventy-nine properties in the parish of Boyton within the Launceston Rural District. This parish was added to the statutory area of North Devon Water Board in 1964—50% completed.

The natural fluoride content of water supplied in the Board's area is less than 0.3 p.p.m.

#### **Bude-Stratton Urban District Council**

The Council is responsible for water supply and distribution in the urban area and two parishes in Stratton Rural District, but negotiations are in hand to amalgamate the Bude water undertaking with North Devon Water Board.

Water consumption averaged 410,000 g.p.d. (1964—410,000), and the whole of this quantity is obtained from an impounding reservoir with a net reliable yield of 570,000 g.p.d. sited on the upper reaches of the River Tamar. All water from this source is filtered and chlorinated before distribution.

During the year 550 yards of 6" diameter main has been laid and a new 3,000 gallons reservoir constructed to improve water supply and distribution in the Poughill area. The Council have submitted to the Ministry a scheme, estimated cost £62,500, for installing 2,500 yards of 12" diameter main from the trunk main at Leigh to a 500,000 gallon service reservoir at Poughill, and 15,000 yards of 12" main from this reservoir to Hill Head to improve water distribution within the Council's statutory area.

No information is available regarding the natural fluoride content of the water.

## Future Proposals

Schemes of water supply submitted under the Rural Water Supplies and Sewerage Acts, 1944-1961, during 1965 were as follows —

Water Authority	Scheme	Estimated Cost £	Action Taken by County Council
North Devon Water Board	Stratton Rural District—Trunk water main from Kilkhampton to Hershams Cross.	22,500	Approved
do.	Stratton Rural District—water main extension from Shop to Crows-town and Morwenstow (amended scheme)	4,600	Approved
do.	Stratton Rural District—water main extension from James's Cross to Cory.	2,105	Approved
do.	Stratton Rural District—St. Gennys and Jacobstow Water Scheme.	27,300	Approved
do.	Stratton Rural District—water main extension to Penstowe Road, Kilkhampton (amended scheme).	1,600	Approved
East Cornwall Water Board	Launceston Rural District—water main extension to Chapple.	6,500	Approved subject to conditions
do.	Launceston Rural District—Kelly Bray Mains Replacement and reorganisation.	51,200	Approved subject to conditions
do.	Launceston Rural District—Lezant Water Distribution.	87,000	Approved subject to conditions
do.	Launceston Rural District—water main extension to Leburnick.	2,450	Approved
do.	Liskeard Rural District—Doddycross Water Scheme.	13,600	Approved subject to conditions
do.	St. Germans Rural District—Crymell water main extension.	15,700	Approved subject to conditions
do.	St. Germans Rural District—Linkinhorne to Bray Shop Link Main.	8,600	Approved
West Cornwall Water Board	West Penwith Rural District—water main extension to Croft Todden	450	Approved

Water Authority	Scheme	Estimated Cost £	Action Taken by County Council
West Cornwall Water Board	West Penwith Rural District—water main extension to Acton Castle, Perranuthnoe.	450	Approved
do.	West Penwith Rural District—Morvah to Zen-nor Water Main.	21,000	Approved
do.	St. Just Urban District—water main extension to Dowran, St. Just.	3,000	Approved
do.	St. Just Urban District—water main extension to Kelynack Moor.	3,000	Approved
Kerrier Rural District	Water Main extension from Crowntown to Carn View.	750	Approved
do.	Water main extension from Treverva to Bosil-liac Orchards.	12,325	Approved
do.	Water main extension to Ponsangath.	4,325	Approved
Truro Rural District	Water main extension to Penhallow and Lam-bourne.	3,490	Approved
do.	Allet to Shortlanesend Link Main	6,640	Approved
do.	Water main extension from Shortlanesend to Idless.	7,355	Approved subject to conditions
23 Schemes		£305,940	

## SEWERAGE AND SEWAGE DISPOSAL

Capital expenditure on schemes of sewerage and sewage disposal carried out in rural areas during 1965 is itemised in Table II on page 129, but in total seventeen schemes estimated to cost £543,629 were either completed or in progress at the end of the year.

The programme of extending mains water into remote rural areas that has been undertaken during the past twenty years is nearing completion in most parts of the county. The need for piped water supplies having been assuaged, the demand now is for sewerage and sewage disposal schemes to cope with the drainage problem resulting from an increase in water consumption that in some areas has risen from less than 10 gallons to more than 35 gallons per head per day. Local Authorities are aware of this need, and the number and cost of schemes submitted for the County



Council's observations during 1965 give a clear indication of the extensive efforts they are making to provide this essential public health service. Altogether twenty schemes at a total estimated cost of £1,055,901 were prepared by Rural District Councils during the year, compared with twelve at a total cost of £337,340 in 1964. Details of these proposals are given in Table I.

TABLE I

Schemes of sewerage and sewage disposal submitted to the County Council during 1965:—

Local Authority	Scheme	Estimated Cost £	Action Taken by County Council
Camelford R.D.	Delabole Sewage Disposal Works Reconstruction.	27,655	Not approved for grant
Kerrier R.D.	Mawnan Smith Sewerage and Sewage Disposal (amended scheme)	177,600	Approved subject to conditions
do.	Budock Water Sewerage and Sewage Disposal.	69,700	Approved subject to conditions
do.	Stithians and Ponsanooth Sewerage and Sewage Disposal.	265,000	Approved subject to conditions
Launceston Rural District	Langore Sewerage and Sewage Disposal.	8,290	Deferred for further consideration.
do.	Polyphant and Lewannick Sewerage and Sewage Disposal.	29,500	Approved subject to conditions
Liskeard Rural District	Lerryn Sewerage and Sewage Disposal.	30,000	Approved
do.	Merrymeet and Pengover Sewerage and Sewage Disposal.	13,820	Approved
do.	St. Neot Sewerage and Sewage Disposal.	32,000	Approved
do.	Mount Sewerage and Sewage Disposal.	6,000	Approved subject to conditions
St. Germans Rural District	Harrowbarrow Sewerage: extension to Rising Sun.	5,762	Approved
Truro Rural District	Porthtowan Sewerage and Sewage Disposal.	71,117	Approved subject to conditions
do.	Trevaunance Lane, St. Agnes: Sewer extension	3,770	Not approved for grant
do.	Roseland Terrace, Zelah: Sewage Disposal Improvement Scheme.	2,000	Approved subject to conditions
do.	Veryan Sewerage and Sewage Disposal.	30,690	Approved subject to conditions



Local Authority	Scheme	Estimated Cost £	Action Taken by County Council
Wadebridge Rural District	St. Minver Area Sewerage and Sewage Disposal.	168,637	Approved subject to conditions
do.	Blisland Sewerage and Sewage Disposal. (amended scheme)	23,360	Approved
West Penwith Rural District	St. Hilary and Relubbas Sewerage and Sewage Disposal.	36,000	Approved
do.	Whitecross and Cockwells Sewerage and Sewage Disposal.	20,000	Approved
St. Ives Borough	Lelant Sewerage and Sewage Disposal.	35,000	Not approved for grant
Total	20 Schemes	£1,055,901	

TABLE II

Grant-aided sewerage and sewage disposal contracts in progress or completed in rural areas during the year:—

Local Authority	Scheme	Estimated Cost £	Remarks
Kerrier Rural District	Praze Sewerage Extension	1,050	Completed
Launceston Rural District	Egloskerry Sewerage and Sewage Treatment	18,450	50% Completed
Liskeard Rural District	Rilla Mill & Upton Cross Sewerage and Sewage Treatment	42,000	40% Completed
do.	St. Keyne Sewerage and Sewage Treatment	8,950	20% Completed
do.	Widegates Sewerage and Sewage Treatment	13,080	50% Completed
Stratton Rural District	Widemouth Bay Sewerage and Sewage Treatment	47,500	90% Completed
St. Austell Rural District	Gorran Churchtown Sewerage and Sewage Treatment	11,500	Completed
do.	Castle View, St. Dennis. Sewer extension.	3,220	Completed
do.	Fraddon Sewerage and Sewage Treatment	42,700	20% Completed
St. Germans Rural District	Sheviok Sewerage and Sewage Treatment	6,324	Completed
do.	Harrowbarrow Sewerage and Sewage Treatment	26,770	Completed

Local Authority	Scheme	Estimated Cost £	Remarks
St. Germans Rural District	Metherall Sewerage and Sewage Treatment	20,300	Completed
do.	Latchley Sewerage and Sewage Treatment	8,635	Completed
do.	Chilsworthy Sewerage and Sewage Treatment	27,350	50% Completed
Wadebridge Rural District	St. Issey & Little Petherick Sewerage and Sewage Treatment	56,650	75% Completed
do.	St. Merryn Sewerage and Sewage Treatment	204,000	15% Completed
West Penwith Rural District	Newbridge Sewerage and Sewage Treatment	5,150	80% Completed
Total	17 Schemes	£543,629	

### MINISTRY OF HOUSING AND LOCAL GOVERNMENT INQUIRIES

The following proposed schemes of sewerage and sewage disposal were investigated by Engineering Inspectors of the Ministry of Housing and Local Government; the County Public Health Officer attended these Inquiries and gave evidence on behalf of the County Council.

Kerrier Rural District:	The Lizard, Ruan Minor and Cadgwith
Liskeard Rural District:	St. Neot Mount Merrymeet and Pengover
St. Germans Rural District:	Calstock, Albaston, St. Ann's Chapel and Drakewalls
St. Just Urban District:	Carnyorth, Botallack and Truthwall.

### REFUSE DISPOSAL

Each of the 30 District Councils in Cornwall dispose of domestic and trade refuse by tipping it onto land or into disused quarries. One local authority also carries out some incineration prior to dumping the residue.

The total number of refuse tips in use in the county at the end of the year was 49. Of these 24 are properly controlled in accordance with the recommendations of the Ministry of Housing and Local Government and do not give rise to complaints of nuisance by dust, smoke, or flies, or

cause pollution of watercourses. The remainder vary from crude dumps to partially controlled tips established before planning consent was required, and at these sites conditions are less satisfactory.

Every refuse tip ought to be controlled and the County Planning Committee's present policy is designed to bring this about. All planning applications to establish new tips are referred to the County Medical Officer and his recommendations on public health conditions are included in the planning consent. Thus ultimately every tip used for refuse disposal will be operated in a manner unlikely to create any public health nuisance. During 1965 the County Medical Officer made recommendations in respect of 6 planning applications submitted by local authorities.

The number of refuse tips in the county and methods of disposal adopted by district councils are summarised below.

	12 Boroughs	8 Urban Districts	10 Rural Districts	Total All Districts
<hr/>				
	Number of Tips			
Controlled Tipping according to Ministry recommendations ...	8	6	10	24
Partially Controlled Tipping ...	—	1	5	6
Uncontrolled tipping ...	4	2	12	18
Incineration combined with Uncontrolled Tipping ...	—	1	—	1

### MEAT INSPECTION

District Councils are responsible for inspecting carcasses of animals slaughtered for human consumption, and the following statistical information on the number of animals killed and examined in Cornwall during 1965 has been made available by courtesy of district medical officers of health and public health inspectors of the local authorities concerned.

The total number of cattle, sheep and pigs slaughtered for human consumption during 1965 was 712,449 and of these all but 19,416 were subjected to post mortem examination by Public Health Inspectors of the 19 District Councils in the county who have slaughterhouses within their areas. Of the 693,033 animals inspected 257 were so diseased as to warrant condemnation of the whole carcass.

A total of 247 tons of meat was condemned during the year by 16 of the 19 district councils; the remaining three do not record the weight of diseased meat.

The following table is a summary of the statistical information submitted to the Ministry of Agriculture, Fisheries and Food during 1965 by local authorities in Cornwall.

		Cattle (excl. Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed ...	...	34,281	13,288	26,533	267,273	371,074
Number inspected	...	34,018	13,082	24,473	252,425	369,035
All diseases except cysticercosis and tuberculosis:						
(a) Whole carcase condemned	...	56	248	173	1,102	943
(b) Carcase of which some part or organ was condemned	...	7,267	4,208	139	23,679	24,635
Tuberculosis only:						
(a) Whole carcase condemned	...	2	9	—	—	9
(b) Carcase of which some part or organ was condemned	...	210	150	4	—	5,345
Cysticercosis only:						
(a) Whole carcase condemned	...	7	—	—	3	—
(b) Carcase of which some part or organ was condemned	...	189	75	—	2	42

\*Gross weight of meat condemned ... 246 tons, 19 cwts., 1 qr., 4 lbs.

\*This figure is incomplete, as three of the nineteen district councils who undertake inspection of meat at slaughterhouses did not record the weight of meat condemned.

## HOUSING

New houses and flats completed in Cornwall during 1965 totalled 2,708; of these 568 were built by district councils and 2,140 by private enterprise. In addition to dwellings completed, a further 2,512 were in course of construction at the end of the year.

Altogether 28,590 permanent houses have been completed since 1945, and for the first time the private enterprise share of this total (14,480) exceeds that of the district councils 14,110).

In an era when statistics are used in every possible way to demonstrate increased productivity it is of interest to record a 60% increase in the annual house building rate over the past five years; in 1961, 1,686 houses were completed; in 1962, 1,705; 1963, 2,021; 1964, 2,419, and this year the highest post-war total 2,708.

During the year 367 unfit houses were demolished or closed.

Statistical information on the number of new houses built and unfit houses demolished in each local authority area is given in the tables on page 134 to 136.

**Housing (Financial Provisions) Act, 1958—County Council Contributions**

Where an Exchequer contribution of the special standard amount is made by the Ministry of Housing and Local Government to district councils, principally in respect of houses for the agricultural population, then the County Council is also required to make a contribution.

These contributions are payable for a period of sixty years at varying rates of £1; £1.10s.0d.; or £2.10s.0d. per house according to the date when the schemes are approved by the Ministry. In 1965 the County Council paid £1,496 to eighteen district councils, as follows:—

Boroughs			Rural Districts		
		£ s. d.			£ s. d.
Helston	...	24 0 0	Camelford	...	89 0 0
Liskeard	...	3 0 0	Kerrier	...	191 10 0
Penryn	...	12 0 0	Launceston	...	89 10 0
Penzance	...	60 0 0	Liskeard	...	155 10 0
Saltash	...	4 10 0	St. Austell	...	61 10 0
			St. Germans	...	167 10 0
Urban Districts			Stratton	...	154 10 0
Bude-Stratton	...	10 0 0	Truro	...	202 0 0
Padstow	...	6 0 0	Wadebridge	...	81 0 0
St. Austell	...	24 0 0	West Penwith	...	160 10 0



## HOUSING ACTS, 1957-1959

BOROUGH	BODMIN	FALMOUTH	FOWEY	HELSTON	LAUNCESTON	LISKEARD	LOSTWITHIEL	PENRYN	PENZANCE	ST. IVES	SALTASH	TRURO CITY	12 Boroughs Total
1. Estimated population	6,920	17,400	2,300	8,200	4,570	4,600	1,910	4,910	18,940	8,770	8,020	14,290	100,830
2. Total number of houses completed since 1945—													
(a) by local authority	424	732	109	499	243	417	50	314	866	379	364	983	5,380
(b) by private enterprise	499	755	67	456	192	165	20	225	535	474	618	609	4,615
3. New houses completed during 1965 —													
(a) by local authority	12	44	4	12	—	38	—	—	20	8	—	72	210
(b) by private enterprise	91	61	13	53	54	26	—	28	61	66	115	87	655
4. Number of houses under construction at 31.12.65 —													
(a) by local authority	46	—	42	26	27	—	—	29	7	—	—	42	219
(b) by private enterprise	48	69	49	90	21	20	3	10	89	42	38	168	647
5. Number of unfit houses demolished or closed during 1965	11	1	—	12	14	29	—	3	12	1	9	33	125

## HOUSING ACTS, 1957-1959

[illegible]

# HOUSING ACTS, 1957-1959

RURAL DISTRICTS	CAMELFORD	KERRIER	LAUNCESTON	LISKEARD	ST. AUSTELL	ST. GERMANS	STRATTON	TRURO	WADEBRIDGE	WEST PENWITH	10
											Rural Districts Total
1. Estimated population	6,920	22,360	5,960	13,440	21,780	14,480	4,780	28,100	14,710	17,370	149,900
2. Total number of houses completed since 1945—											
(a) by local authority	228	639	107	456	616	529	177	901	515	656	4,824
(b) by private enterprise	161	937	116	349	546	471	164	1,405	503	583	5,235
3. New houses completed during 1965—											
(a) by local authority	37	49	—	26	26	20	2	19	48	5	232
(b) by private enterprise	22	147	18	90	42	74	26	182	26	113	740
4. Number of houses under construction at 31.12.65—											
(a) by local authority	16	5	12	15	11	4	—	29	12	29	133
(b) by private enterprise	15	100	12	69	102	49	12	255	63	74	751
5. Number of unfit houses demolished or closed during 1965—	12	60	2	10	14	8	2	14	18	23	163

TABLE I

Estimated Population and Total Number of Births, and Deaths in each County District for the year 1965

AREA IN ACRES.	COUNTY DISTRICT	ESTI- MATED HOME POPU- LATION 1965	LIVE BIRTHS.								Stillbirths.	DEATHS.									
			Legiti- mate		Illegiti- mate		Total.	Rate.	District Comparability Factor	Under 1 Year.				At all Ages.							
			Males	Females	Males	Females				Males		Females	Total.	Rate per 1,000 live births	Males	Females	Total	Rate.	District Compara- bility Factor		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
	URBAN.																				
3,312	Bodmin -	6,920	56	70	5	3	134	19.36	1.14	4	3	1	4	29.85	88	98	186	26.88	0.34		
4,296	Bude-Stratton Camborne—	5,160	35	38	2	1	76	14.73	1.25	..	..	1	1	13.16	31	51	82	15.89	0.65		
22,062	Redruth -	37,000	284	309	17	11	621	16.78	1.06	14	11	4	15	24.15	243	299	542	14.65	0.88		
1,880	Falmouth -	17,400	127	118	13	15	273	15.69	1.15	2	4	2	6	21.98	124	150	274	15.75	0.82		
2,979	Fowey -	2,300	10	12	1	..	23	10.00	1.28	1	1	..	1	43.48	16	12	28	12.17	0.73		
4,014	Helston -	8,200	82	93	2	5	182	22.19	0.85	6	..	1	1	5.49	58	50	108	13.17	0.84		
2,180	Launceston -	4,570	41	39	3	1	84	18.38	1.09	1	..	..	..	..	50	55	105	22.98	0.62		
2,704	Liskeard -	4,600	32	30	8	3	73	15.87	1.20	1	3	..	3	41.10	38	52	90	19.57	0.41		
1,691	Looe -	3,990	15	30	..	2	47	11.78	1.26	2	..	..	..	..	31	25	56	14.03	0.67		
3,156	Lostwithiel -	1,910	18	10	..	2	30	15.71	1.18	1	..	..	..	..	11	17	28	14.66	0.70		
4,599	Newquay -	11,810	87	100	8	6	201	17.02	1.13	4	4	1	5	24.88	82	90	172	14.56	0.71		
3,343	Padstow -	2,590	27	21	..	..	48	18.53	1.09	1	..	..	..	..	13	7	20	7.72	0.80		
829	Penryn -	4,910	41	42	3	2	88	17.92	1.02	3	2	3	5	56.82	35	26	61	12.42	1.13		
3,155	Penzance -	18,940	138	109	11	11	269	14.20	1.14	7	4	2	6	22.30	155	153	308	16.26	0.80		
18,379	St. Austell -	25,760	205	177	15	10	407	15.80	1.12	5	4	4	8	19.66	208	208	416	16.15	0.74		
4,287	St. Ives -	8,770	60	63	2	2	127	14.48	1.20	2	1	..	1	7.87	64	89	153	17.45	0.62		
7,634	St. Just -	3,570	25	20	3	2	50	14.01	1.11	2	1	2	3	60.00	26	38	64	17.93	0.85		
5,386	Saltash -	8,020	73	61	3	7	144	17.95	1.10	..	..	..	..	..	48	48	96	11.97	0.85		
988	Torpoint -	6,540	44	33	4	1	82	12.54	1.53	1	..	1	1	12.20	26	28	54	8.26	1.35		
2,634	Truro City -	14,290	101	108	5	6	220	15.40	1.03	3	..	2	2	9.09	77	69	166	11.62	0.88		
99,508	TOTALS -	197,250	1501	1483	105	90	3,179	16.12	1.11	60	38	24	62	19.50	1,424	1,585	3,009	15.26	0.76		
	RURAL.																				
52,544	Camelford -	6,920	51	31	2	3	87	12.57	1.24	2	1	..	1	11.49	54	62	116	16.76	0.68		
90,839	Kerrier -	22,360	160	142	10	10	322	14.40	1.09	7	2	2	4	12.42	121	121	242	10.82	0.93		
73,042	Launceston -	5,960	45	50	..	3	98	16.44	1.11	1	..	..	..	..	38	26	64	10.74	0.87		
104,803	Liskeard -	13,440	92	74	8	6	180	13.39	1.20	2	1	..	1	5.56	91	75	166	12.35	0.84		
82,389	St. Austell -	21,780	154	176	13	15	358	16.44	1.07	12	6	4	10	27.93	150	126	276	12.67	0.99		
48,533	St. Germans -	14,480	102	101	12	4	219	15.12	1.25	3	1	2	3	13.70	112	97	209	14.43	0.82		
56,220	Stratton -	4,780	27	36	4	1	68	14.23	1.25	..	2	2	4	58.82	25	34	59	12.34	0.89		
108,316	Truro -	28,100	201	189	16	13	419	14.91	1.18	4	7	2	9	21.48	193	182	375	13.35	0.80		
88,230	Wadebridge -	14,710	115	112	11	3	241	16.38	1.11	5	2	1	3	12.45	92	85	177	12.05	0.93		
59,792	West Penwith -	17,370	118	118	4	4	244	14.05	1.15	3	2	1	3	12.30	129	133	262	15.08	0.81		
764,708	TOTALS -	149,900	1065	1029	80	62	2,236	14.92	1.14	39	24	14	38	16.99	1,005	941	1,946	12.98	0.86		
864,216	Whole County	347,150	2566	2512	185	152	5,415	15.6	1.13	99	62	38	100	18.47	2,429	2,526	4,955	14.28	0.80		
4,041	Isles of Scilly	1,950	21	19	1	1	42	21.54	0.92	..	..	..	..	..	8	9	17	8.72	1.13		

Birth and Death rates calculated per 1,000 of the population.

Comparability factors are given for the purpose of securing comparability between local birth and death rates and those for England &amp; Wales





YEAR	ESTI- MATED POPU- LATION	LIVE BIRTHS						Stillbirths	DEATHS							
		Legitimate			Illegitimate				Under 1 Year			At all Ages				
		Males		Females	Males		Females		Males		Females	Males		Females	Total	Rate
		3	4	5	6	7	8		9	10	11	12	13	14	15	16

1900	320,420	3957	3842	*	7799	24.3	†	*	*	985	126.3	2498	2773	5271	16.5
1910	320,613	3434	3288	*	6722	21.0	†	*	*	575	85.5	2298	2308	4606	14.4
1920	(a) 317,970	3403	3210	190	158	6991	†	249	167	416	59.5	1978	2215	4193	13.2
	(b) 318,713														
1930	(a) 318,028	2280	2096	123	123	4622		137	100	237	51.3	1985	2284	4269	13.7
	(b) 312,807														
1940	329,138	2127	1945	100	96	4268		116	90	206	48.3	2357	2567	4924	15.0
	(a) 2215	2125	2125	161	132	4633		159	108	267	52.5	2465	2721	5186	14.0
1942	344,944	2402	2200	160	144	4906		135	93	228	46.5	2127	2301	4428	12.8
1943	327,163	2386	2243	186	157	4972		106	72	178	35.8	2201	2388	4589	14.0
1944	322,513	2621	2591	294	260	5766		132	99	231	40.1	2197	2359	4556	14.0
1945	313,559	2233	2182	323	271	5009		101	84	185	37.0	2214	2367	4581	14.6
1946	318,139	2738	2569	224	198	5729		136	87	223	39.0	2168	2387	4555	14.3
1947	324,185	2899	2746	206	163	6014		136	77	213	34.9	2286	2449	4735	14.6
1948	329,828	2601	2465	172	137	5375		117	69	186	34.6	2095	2169	4264	12.9
1949	(d) 330,247	2434	2374	142	147	5097		99	65	164	32.2	2242	2416	4658	14.1
	(e) 339,077														
1950	(e) 339,999	2333	2236	124	126	4819		79	66	145	29.2	2254	2418	4672	13.8
1951	(e) 339,800	2306	2321	129	109	4865		98	65	163	33.0	2370	2493	4863	14.3
1952	(e) 341,861	2379	2282	116	100	4877		84	65	149	30.6	2105	2271	4376	12.8
1953	(e) 341,463	2306	2218	94	134	4752		77	51	128	27.0	2193	2322	4515	13.2
1954	(e) 341,350	2420	2198	100	101	4819		67	33	100	20.8	2308	2209	4517	13.2
1955	(e) 339,760	2108	2108	113	89	4418		76	42	118	26.7	2304	2370	4674	13.8
1956	(e) 338,760	2298	2231	115	107	4751		55	55	110	23.2	2292	2337	4629	13.7
1957	(e) 338,770	2350	2225	94	100	4769		66	52	118	24.7	2217	2287	4504	13.3
1958	(e) 337,380	2469	2205	107	89	4870		62	32	94	19.3	2312	2318	4630	13.7
1959	(e) 337,590	2400	2155	80	99	4734		49	32	81	16.9	2196	2332	4528	13.4
1960	(e) 337,110	2440	2303	116	90	4949		55	32	87	17.6	2306	2300	4606	13.7
1961	(e) 333,700	2404	2239	135	124	4902		70	37	107	21.8	2337	2432	4769	14.2
1962	(e) 339,110	2506	2400	148	152	5206		62	43	105	20.1	2393	2459	4852	14.3
1963	(e) 341,110	2534	2330	150	123	5137		56	42	98	19.1	2615	2558	5173	15.2
1964	(e) 344,880	2659	2473	147	172	5451		65	46	111	20.4	2389	2361	4750	13.8
1965	(e) 347,150	2566	2512	185	152	5415		62	38	100	18.5	2429	2526	4955	14.3

\* not distinguished  
† not available

(a) for birth rate  
(b) for death rate  
(c) total population (including non-civilians stationed in the County)  
(d) civilian population for birth and death rates  
(e) for infant and maternal mortality rates

TABLE III

Infectious Diseases notified in each District during the year 1965

COUNTY DISTRICTS	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal infection	Acute Poliomyelitis	Acute Encephalitis	Dysentery	Puerperal Pyrexia	Paratyphoid Fever	Food Poisoning	Erysipelas	Acute Rheumatism	Total
URBAN															
Bodmin ...	-	3	-	128	-	-	-	-	-	-	-	-	-	-	11
Bude-Stratton ...	-	-	-	70	-	-	-	-	1	-	-	-	-	-	11
Camborne-Redruth ...	4	72	-	229	42	1	-	1	21	15	-	3	-	-	33
Falmouth ...	1	1	-	380	3	-	-	-	341	1	-	-	1	1	77
Fowey ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Helston ...	-	-	-	153	2	-	-	-	9	-	-	1	-	-	11
Launceston ...	-	1	-	14	-	-	-	-	219	-	-	-	-	-	22
Liskeard ...	-	-	-	124	2	-	-	-	-	-	-	-	-	-	11
Looe ...	-	-	-	12	2	-	-	-	-	-	-	-	-	-	-
Lostwithiel ...	-	-	-	2	3	-	-	-	-	1	-	-	-	-	-
Newquay ...	1	-	-	38	1	-	-	-	32	1	-	-	-	-	-
Padstow ...	-	-	-	43	-	-	-	-	-	-	-	2	-	-	-
Penryn ...	-	3	-	22	-	-	-	-	7	-	-	-	-	-	-
Penzance ...	-	3	-	62	1	-	-	-	-	5	-	-	-	-	-
St. Austell ...	-	-	-	221	4	-	-	-	5	7	-	1	1	-	22
St. Ives ...	3	-	-	63	-	-	-	-	1	-	-	-	-	-	-
St. Just ...	3	-	-	50	-	-	-	-	-	-	-	-	1	-	-
Saltash ...	-	69	-	147	9	-	-	-	1	-	-	-	8	-	22
Torpoint ...	-	-	-	1	-	-	-	-	-	-	-	-	-	2	-
Truro City ...	-	-	-	231	-	1	-	-	2	-	-	-	-	-	23
TOTALS ...	12	152	-	1990	69	2	-	1	639	30	-	6	11	3	298
RURAL															
Camelford ...	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-
Kerrier ...	4	1	-	154	1	-	-	-	2	1	-	-	-	-	11
Launceston ...	-	-	-	65	-	-	-	-	44	-	-	-	-	-	11
Liskeard ...	-	2	-	41	6	-	-	-	-	1	-	-	-	-	-
St. Austell ...	1	-	-	44	-	-	-	-	1	-	-	-	-	-	-
St. Germans ...	1	95	-	60	2	-	-	-	-	-	-	-	-	1	10
Stratton ...	4	1	-	33	-	-	-	-	-	1	-	-	-	-	-
Truro ...	-	33	-	98	3	-	-	-	48	-	-	-	-	-	11
Wadebridge ...	1	-	-	185	2	-	-	-	-	-	-	-	-	-	-
West Penwith ...	13	9	-	117	1	-	-	-	11	-	-	-	1	-	-
TOTALS ...	24	141	-	801	15	-	-	-	106	3	-	-	1	1	106
Whole County ...	36	293	-	2791	84	2	-	1	745	33	-	6	12	4	468

Ophthalmia Neonatorum ... 3 Saltash M.B.  
 Liskeard R.D.  
 St. Germans R.D.  
 Typhoid ... 1 Penzance M.B.

TABLE IV

NUMBER OF CASES OF INFECTIOUS DISEASES NOTIFIED IN  
RECENT YEARS

infectious Disease	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
typhoid Fever ...	90	83	68	190	167	98	49	50	27	36
whooping Cough ...	351	1234	142	92	192	369	171	120	96	293
diphtheria ...	—	3	1	—	—	—	—	—	—	—
measles ...	5216	2846	2593	2462	360	6689	1514	4482	1489	2791
pneumonia ...	175	189	149	127	86	121	98	118	92	84
meningococcal infection ...	3	3	1	9	3	3	9	4	6	2
acute Poliomyelitis	8	24	14	13	7	—	3	—	—	—
acute Encephalitis	4	1	4	2	4	5	2	4	2	1
scarlet fever ...	6	7	37	35	35	39	32	34	73	745
conjunctivitis	—	—	—	—	—	—	—	—	—	—
ophthalmia Neonatorum ...	2	1	2	1	3	—	4	1	2	3
febrile Pyrexia	156	146	106	83	79	68	81	62	38	33
paratyphoid fevers ...	1	1	1	2	1	—	—	1	1	—
typhoid Fever (excluding paratyphoid) ...	—	1	2	1	—	—	—	1	—	1
food Poisoning ...	63	35	40	51	36	21	27	6	9	6
scabies ...	37	19	25	16	26	18	15	23	12	12
scabies ...	1	—	1	—	—	1	1	—	—	—
acute rheumatism ...	4	3	1	4	2	1	3	1	3	4
TOTALS	6117	4596	3187	3088	1000	7433	2009	4907	1850	4011

\* In persons under 16 years of age (notifiable from 1.10.50)

TABLE I  
CAUSES OF DEATH A

All Ages		0—		1—		5—		15—	
		M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	16	—	—	—	—	—	—	—	—
2. Tuberculosis, other ...	2	—	—	—	—	—	—	—	—
3. Syphilitic disease ...	4	—	—	—	—	—	—	—	—
4. Diphtheria ...	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	2	—	—	1	1	—	—	—	—
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—
8. Measles ...	1	—	—	1	—	—	—	—	—
9. Other infective and parasitic diseases ...	6	—	—	—	—	—	—	—	—
10. Malignant neoplasm:									
stomach ...	112	—	—	—	—	—	—	—	—
11. do. lung bronchus	139	—	—	—	—	—	—	—	—
12. do. breast ...	139	—	—	—	—	—	—	—	—
13. do. uterus ...	41	—	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms ...	434	—	—	1	1	1	—	2	2
15. Leukaemia, aleukaemia ...	21	—	—	1	—	—	2	1	1
16. Diabetes ...	49	—	—	—	—	—	—	1	—
17. Vascular lesions of nervous system ...	800	—	—	1	—	—	—	—	—
18. Coronary disease, Angina	836	—	—	—	—	—	—	—	—
19. Hypertension with heart disease ...	126	—	—	—	—	—	—	—	—
20. Other heart disease ...	923	—	—	—	—	—	—	—	—
21. Other circulatory disease	208	—	—	—	—	—	—	1	—
22. Influenza ...	5	—	—	—	—	—	—	—	—
23. Pneumonia ...	207	10	2	1	—	—	1	1	—
24. Bronchitis ...	157	1	—	1	—	—	—	—	—
25. Other disease of respiratory system ...	58	—	—	—	—	—	—	—	—
26. Ulcer of stomach and duodenum ...	42	—	—	—	—	—	—	—	—
27. Gastritis, enteritis and diarrhoea ...	22	—	—	—	—	—	—	—	—
28. Nephritis and nephrosis	34	—	—	—	—	—	1	3	—
29. Hyperplasia of prostate	29	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth abortion ...	3	—	—	—	—	—	—	—	3
31. Congenital malformations	36	5	16	—	1	—	2	—	1
32. Other defined and ill-defined diseases ...	381	46	16	2	1	2	4	3	1
33. Motor vehicle accidents	50	—	—	—	1	1	1	12	—
34. All other accidents ...	91	4	—	1	2	1	1	7	1
35. Suicide ...	49	—	—	—	—	—	—	—	1
36. Homicide and operations of war ...	—	—	—	—	—	—	—	—	—
Totals	*4972	66	34	10	7	5	12	31	10

\* including 17 deaths in the Isles of Scilly

## PECIFIED AGES, 1965

25—		35—		45—		55—		65—		75—		Totals	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	1	—	1	—	4	1	1	2	5	1	12	4
—	—	—	—	1	—	—	—	—	—	—	1	1	1
—	—	—	1	—	—	1	—	1	1	—	—	2	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	1	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	1	—
1	—	—	1	—	1	1	—	1	—	1	—	4	2
—	—	1	—	3	3	10	12	26	14	16	27	56	56
—	—	1	1	7	4	32	9	47	9	19	10	106	33
—	—	—	4	—	12	1	21	—	26	—	24	1	87
—	—	—	2	—	7	—	8	—	16	—	8	—	41
5	—	7	8	6	10	42	45	88	63	75	78	227	207
—	—	1	1	—	1	2	1	3	5	1	1	9	12
—	—	—	—	1	1	3	4	8	8	11	12	24	25
—	—	3	1	13	10	30	45	105	100	153	339	305	495
1	—	11	1	45	10	122	34	187	103	170	152	536	300
—	—	—	1	6	2	4	6	20	12	24	51	54	72
—	—	2	1	12	9	26	19	85	95	245	429	370	553
—	1	3	—	6	3	15	14	27	23	39	76	91	117
—	—	—	—	—	—	1	—	—	1	1	2	2	3
1	1	2	—	2	2	9	4	20	16	59	76	105	102
—	—	1	—	3	1	20	6	50	11	39	24	115	42
—	1	1	—	2	1	7	3	19	4	12	8	41	17
—	—	—	—	2	1	3	—	8	—	13	15	26	16
—	1	—	—	2	—	1	—	1	5	4	8	8	14
—	—	4	1	—	—	4	2	3	6	3	7	17	17
—	—	—	—	—	—	1	—	6	—	22	—	29	—
—	—	—	—	—	—	—	—	—	—	—	—	—	3
—	—	1	1	2	2	1	1	1	1	1	—	11	25
4	—	4	4	12	13	26	24	31	37	51	100	181	200
5	1	1	3	8	—	7	2	1	2	2	3	37	13
3	2	3	1	5	1	9	3	2	12	10	23	45	46
3	1	4	1	5	5	7	8	5	7	—	2	24	25
—	—	—	—	—	—	—	—	—	—	—	—	—	—
23	8	51	33	144	99	389	272	746	579	976	1477	2441	2531



